



Legislative Assembly
of Ontario
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**Official Report
of Debates
(Hansard)**

**Journal
des débats
(Hansard)**

Monday 5 November 2001

Lundi 5 novembre 2001

Speaker
Honourable Gary Carr

Président
L'honorable Gary Carr

Clerk
Claude L. DesRosiers

Greffier
Claude L. DesRosiers

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LEGISLATIVE ASSEMBLY OF ONTARIO

Monday 5 November 2001

ASSEMBLÉE LÉGISLATIVE DE L'ONTARIO

Lundi 5 novembre 2001

The House met at 1330.

Prayers.

WEARING OF RIBBONS

Mr Dave Levac (Brant): On a point of order, Mr Speaker: November is Wife Assault Prevention Month, and a white ribbon campaign is being spearheaded by Men Against Violence Against Women. They are asking for a white ribbon campaign for the month, and I'm seeking unanimous consent for permission to wear the ribbons.

The Speaker (Hon Gary Carr): That would be for the month? Is there unanimous consent? I'm sorry, I heard a no, unfortunately.

Interjection.

The Speaker: Oh, he is seeking clarification.

Mr Levac: It's Wife Assault Prevention Month.

The Speaker: Is there unanimous consent? Agreed. I thank the members.

MEMBERS' STATEMENTS

ROAD UPGRADE

Mr Michael A. Brown (Algoma-Manitoulin): Once again I rise to bring to the attention of the Minister of Northern Development and Mines, the Minister of Transportation and this House the need to make the Ramsey industrial road, sometimes called the Sultan road, a provincial highway.

As members would know, this road is a critical transportation link for health care, business and tourism. For too long, this Domtar industrial road has impeded safe and expeditious travel to the east.

I have asked the Minister of Northern Development and Mines to form a partnership with the communities involved, with Domtar and with the provincial government to upgrade the 80-kilometre stretch of road in a staged, safe and expeditious way. He has told me this is not a priority.

Chapleau Mayor Earle Freeborn continues to work on this important issue for his community and others. Mr Freeborn has the support of communities from Sudbury through to Thunder Bay, including Wawa, Dubreuilville, White River, Manitouwadge, Hornepayne, Schreiber, Nipigon, Marathon and a multitude of others.

Clearly, for northern people this project is a priority. Mr Newman needs to rethink his government's priorities. The status quo is not acceptable. We need action, and we need it now.

I was in Chapleau a week ago, and Mr Freeborn, the mayor, told me that it was almost impossible to navigate the Sultan road and that the mayor of Sudbury, Jim Gordon, was coming to meet Mr Freeborn in Chapleau and he wasn't sure that the mayor from Sudbury would get there.

VOLUNTEERS

Mr John Hastings (Etobicoke North): Today I want to join with members of the Legislature in saluting volunteers from my riding, who have done a tremendous job, and as a direct contribution in recognition of the United Nations International Year of the Volunteer. We want to express that in the form of a poem that was written by one of our distinguished volunteers from Albion Lodge. Here we go.

Ode to Our Residents

Volunteers are here to stay,

We like your thanks, we take no pay.

You see, we are a special breed,

Tending to your every need.

How often have you asked yourself?

Have I been put up on the shelf?

As volunteers, we know you've not,

And yes, we feel your not forgot.

We're there to listen and to talk,

And even take you for a walk.

We like to go to church with you,

And even share a joke or two.

You know, they say a volunteer,

Is one, who comes and gives good cheer,

We thank you for this special day,

God's speed be with you, this I pray.

I'd like to salute these great volunteers, who are on our right, Speaker, who have contributed enormously to the caring community at Albion Lodge in Etobicoke North.

INFRASTRUCTURE PROGRAM FUNDING

Mr Sean G. Conway (Renfrew-Nipissing-Pembroke): As we head into winter, I think members on both sides of the aisle would admit that the Ontario economy is

heading into some difficult if not stormy weather. My constituents in the upper Ottawa Valley are telling me that they are most concerned that their governments, federal and provincial, focus their attention at sensible stimulus packages and particularly programs that concern themselves with maintaining and expanding job opportunities.

I want to take this opportunity on behalf of my constituents in Renfrew-Nipissing-Pembroke in asking the Harris government to bring forward sensible capital spending, the so-called public works spending that is already on the books. In my area, for example, we have a major hospital renovation at Pembroke that is awaiting a green light from the Ontario government. We've got highways like provincial Highways 17, 41 and 60 that require upgrades to improve their safety and accessibility, and we've got municipalities large and small throughout the province, and certainly in my part of eastern Ontario—many smaller municipalities have now been waiting 12 to 15 months to hear from the Ontario government as to when the Harris government is going to put its money on the table to allow very important water and sewer upgrades, very important local road and bridge improvements, culture and recreation improvements.

It's time for the Ontario government to bring forward capital spending that's going to stimulate job creation in the province.

MICRO ENTERPRISES

Mr Joseph Spina (Brampton Centre): Recently, Home Business Report magazine, in co-operation with the RBC Financial Group and Canada Post, conducted a survey of communities that recognize the importance of home-based businesses and other micro enterprises and that have proven to be the most supportive and helpful to this sector. This is the third year that a nationwide survey has sought to identify those communities that help small and micro enterprises to flourish.

Today I'm proud to say that my community of Brampton was one of three that were presented the Home-Based Business Friendly Community Award last Tuesday at a reception in Toronto. Brampton Mayor Susan Fennell was on hand to accept the award.

Part of the success of the entrepreneurial spirit is the Brampton Small Business Enterprise Centre, which partners with the city's economic development corporation and the Brampton Board of Trade to deliver to new and growing businesses the skills and resources that are needed to succeed.

Presenting the awards were Barbara Mowat, publisher of Home Business Report, Jim Rager, vice-chairman at RBC Financial Group, and Francine Conn, director of product development for small business at Canada Post.

I would ask all members of the Legislature to join me in congratulating the city of Brampton for creating a supportive environment for small and home-based businesses, the heart of our economy.

LUMBER INDUSTRY

Mr Michael Gravelle (Thunder Bay-Superior North): It's important that all members of this Legislature understand the negative impact of the American imposition of a now-32% export duty on the softwood lumber industry in this province. It's particularly important, I believe, for the Premier and the Minister of Economic Development and Trade to recognize that unless it is successfully rolled back very soon, we may be seeing the shutdown of various sawmills in Ontario and the loss of thousands of jobs. Entire communities that rely on the industry as their major tax base could be truly threatened unless this issue is resolved very soon.

Having said that, I'm somewhat taken aback by our provincial government's rather low-key approach to this very serious problem. It's almost as if they do not grasp the ramifications of this unfair imposition of duties on this export-dependent industry. We have seen the immediate impact this has had on the industry in British Columbia, and while affected companies in Ontario have not as of yet reacted in a similar fashion, there is no question that they cannot afford to wait for a hoped-for favourable trade ruling by the WTO before they are forced to make some tough and clearly devastating decisions.

I've spoken to representatives of the softwood lumber industry, and they made it very clear to me that they need the strong support of the province as well as the federal government in order to win this trade dispute. Therefore, I want to ask the Premier and the Minister of Economic Development and Trade to more publicly support the industry in their fight against this unfair export duty. Let's not wait to speak up, Premier, until it is too late and the mills and the jobs are gone.

CTV LOCAL PROGRAMMING

Mr Tony Martin (Sault Ste Marie): I rise today to bring to the attention of this House and people across this province the very unfair decision by CTV to consolidate news services in some larger centres, particularly in northern Ontario, where communities like Timmins and Sault Ste Marie and North Bay are losing their ability to tell their story both to themselves and to the world.

It was no more than two months ago when CTV went through our communities asking for support for the renewal of their licence, and many well-meaning charitable groups in those communities wrote letters of support, only to find out shortly thereafter that CTV in fact intended to withdraw those very important news collection services, the ability to have local community groups tell their story, educate the public and involve the community in their activities; that they were going to get rid of their studios, laying off workers and depleting their ability to be a participant in those communities in the ways we've come to expect and to depend on as we grow our economies, respond to the challenges of the world we live in today and tell our stories.

I'm asking you and others to please send your letters, cards and e-mails to the CRTC and tell them to stop CTV from doing this, from renegeing, backing away from their commitment to our communities to have local programming, to have a presence of some significance in our communities.

Timmins, North Bay, the home of the Premier, my own community of Sault Ste Marie, even the council of Sudbury, where most of this activity is now going to be operating out of, have passed a resolution saying to CTV that they should stop this backing away from a commitment that they believe they have to us and our communities and to make a decision to rule against CTV.

1340

SKEENA SEA CADETS

Mr Doug Galt (Northumberland): This weekend, the alumni of the Royal Canadian Sea Cadet Corps, Skeena, will gather in the town of Port Hope to celebrate the 60th anniversary of the founding of the corps. They will renew old friendships, celebrate at a dinner-dance and march in the Remembrance Day parade on November 11.

To commemorate the anniversary, alumni and present-day cadets will plant a Skeena Tree of Remembrance on the town parkland opposite the ship. The tree will be accepted by Port Hope Mayor Rick Austin, and engraved pavers will be presented to Cobourg's Mayor Peter Delanty to be laid in Cobourg's Victoria Square.

This outstanding youth organization, sponsored by the Navy League of Canada's Northumberland branch, has provided opportunities and development of good citizenship and leadership for over 3,000 young people in Northumberland county during the past 60 years. It is organizations such as this that teach young people the importance of community life and help in the development of personal values.

Last year I had the opportunity to attend the Skeena Dedication Day on Saturday, October 21, to mark the reopening of the hall. A memorial of a bronze plaque and a stained glass window were also presented, a reminder of the 15 crewmen who died serving their country in October 1944.

Please join me in acknowledging the efforts of the Royal Canadian Sea Cadet Corps, Skeena, and their six decades of achievements.

INFRASTRUCTURE PROGRAM FUNDING

Mrs Leona Dombrowsky (Hastings-Frontenac-Lennox and Addington): I rise today to urge the government to put the political rhetoric aside and roll up its sleeves to work with the federal government to assist local municipalities across Ontario. Municipalities in my riding have sent a resolution to indicate that federal and provincial financial support for public infrastructure is essential.

Municipalities are calling on this government to stop the blame game and get to work. It is time to speed up the infrastructure funding process under the Canada-Ontario infrastructure program to provide a much-needed economic stimulus in the face of the current economic downturn.

The federal Minister of Industry, Brian Tobin, shared with the Association of Municipalities of Ontario the fact that Ontario is abysmally behind all other provinces in accessing federal monies already designated for infrastructure programs.

In my riding, the township of Central Frontenac, Loyalist township, Frontenac management board and the township of Stirling-Rawdon have all called for a co-operative effort between the federal and provincial governments to provide the much-needed capital dollars to municipalities across Ontario. It is time for this government to stop the finger-pointing, stop the blaming and stop dragging its feet and start working with the federal government for Ontario's working families.

REMEMBRANCE DAY

Mr Garfield Dunlop (Simcoe North): This Sunday, November 11, people in communities from all across our province and our country will be celebrating Remembrance Day and acknowledging two minutes of silence for the hundreds of thousands of people who have given their lives for our great country. In fact, 66,000 men and women gave their lives in World War I and another 44,000 in World War II.

Many communities across our province have already started holding Remembrance Day celebrations with parades, banquets, services and the laying of the wreaths. For example, I was out twice on the weekend with Royal Canadian Legion Branch 316 in Waubauskene, and I want to acknowledge the hard work of President Robert Land and Father Carl Matthews of the St John's Roman Catholic Church, who put on a service yesterday in Waubauskene, attended by members of the armed forces of Base Borden, the Girl Guides, Brownies, Sparks, Boy Scouts, Cubs, Beavers, and pipes and drums organizations from across our riding as well.

I want to acknowledge that many small communities cannot hold their services on November 11, so they have to hold them early for the sake of allowing other people to attend the function. I appreciate having the opportunity to make this statement today.

VISITORS

The Speaker (Hon Gary Carr): Just before we continue, I would like to inform the members that we have with us today in the Speaker's gallery a delegation from the Midwestern Legislative Conference led by Senator DiAnna Schimek from Nebraska and Senator John Hottinger from Minnesota. Please join me in welcoming our American friends.

INTRODUCTION OF BILLS

ONTARIANS WITH DISABILITIES ACT, 2001

LOI DE 2001 SUR LES PERSONNES HANDICAPÉES DE L'ONTARIO

Mr Jackson moved first reading of the following bill:

Bill 125, An Act to improve the identification, removal and prevention of barriers faced by persons with disabilities and to make related amendments to other Acts / Projet de loi 125, Loi visant à améliorer le repérage, l'élimination et la prévention des obstacles auxquels font face les personnes handicapées et apportant des modifications connexes à d'autres lois.

The Speaker (Hon Gary Carr): Is it the pleasure of the House that the motion carry? Carried.

The minister for a short explanation?

Hon Cameron Jackson (Minister of Citizenship, minister responsible for seniors): I'll reserve it for ministry statements.

MOTIONS

HOUSE SITTINGS

Hon Janet Ecker (Minister of Education, Government House Leader): I move that pursuant to standing order 9(c)(i), the House shall meet from 6:45 pm to 9:30 pm on Monday, November 5, Tuesday, November 6, and Wednesday, November 7, for the purpose of considering government business.

The Speaker (Hon Gary Carr): Is it the pleasure of the House that the motion carry?

All those in favour of the motion will please say "aye."

All those in opposed will please say "nay."

In my opinion, the ayes have it.

Call in the members. This will be a five-minute bell.

The division bells rang from 1350 to 1355.

The Speaker: All those in favour of the motion will please rise one at a time and be recognized by the Clerk.

Ayes

Agostino, Dominic	Gerretsen, John	Mushinski, Marilyn
Arnott, Ted	Gilchrist, Steve	Newman, Dan
Baird, John R.	Gill, Raminder	Parsons, Ernie
Barrett, Toby	Gravelle, Michael	Patten, Richard
Bartolucci, Rick	Harris, Michael D.	Peters, Steve
Beaubien, Marcel	Hastings, John	Phillips, Gerry
Bountrogianni, Marie	Hodgson, Chris	Ramsay, David
Bradley, James J.	Hoy, Pat	Runciman, Robert W.
Brown, Michael A.	Hudak, Tim	Ruprecht, Tony
Bryant, Michael	Jackson, Cameron	Sampson, Rob
Caplan, David	Johns, Helen	Sergio, Mario
Clark, Brad	Johnson, Bert	Sorbara, Greg
Clement, Tony	Klees, Frank	Spina, Joseph
Colle, Mike	Kwinter, Monte	Sterling, Norman W.
Conway, Sean G.	Lalonde, Jean-Marc	Stewart, R. Gary

Cunningham, Dianne	Levac, David	Stockwell, Chris
Curling, Alvin	Marland, Margaret	Tilson, David
DeFaria, Carl	Martiniuk, Gerry	Tsubouchi, David H.
Di Cocco, Caroline	Maves, Bart	Turnbull, David
Dombrowsky, Leona	Mazzilli, Frank	Wettlaufer, Wayne
Duncan, Dwight	McGuinty, Dalton	Wilson, Jim
Dunlop, Garfield	McLeod, Lyn	Witmer, Elizabeth
Ecker, Janet	McMeekin, Ted	Wood, Bob
Elliott, Brenda	Miller, Norm	
Galt, Doug	Munro, Julia	

The Speaker: All those opposed will please rise one at a time and be recognized by the Clerk.

Nays

Bisson, Gilles	Marchese, Rosario	Martin, Tony
Kormos, Peter	Martel, Shelley	Prue, Michael

Clerk of the House (Mr Claude L. DesRosiers): The ayes are 73; the nays are six.

The Speaker: I declare the motion carried.

VISITOR

The Speaker (Hon Gary Carr): Just before we begin statements, we have in the east members' gallery Mr Keith Norton, who was the member for Kingston and the Islands. Please join in welcoming our former colleague.

STATEMENTS BY THE MINISTRY AND RESPONSES

ONTARIO ECONOMY

Hon Michael D. Harris (Premier): The performance of our economy is important to Ontario families, it's important to this government and it's important to me.

On Friday, the job numbers for October showed that Ontario experienced a net loss of 2,900 jobs. While the unemployment rate in Ontario stayed the same, we are down some 28,000 jobs over the past few months, and the short-term trend is not positive.

Ontario families want their government to keep our economy strong and to create a climate that supports the creation of good, well-paying jobs. They know that a strong economy is the foundation for a strong province, because only a strong economy allows us to invest new dollars into priorities like health care and education and to protect our province's safety and security.

Earlier this year, the North American economy entered a period of slower growth. Beginning September 11, terrorist attacks have further weakened the economies of all nations. Unfortunately, Ontario is not immune to these developments.

Tomorrow, the Minister of Finance will present to the members of this House and to the people of Ontario the first detailed economic statement since those tragic events of September 11. Today, I will outline our government's intentions as we move forward.

As the minister will show tomorrow, the province's fiscal outlook for this year is lower than budgeted for last spring. However, because of prudent and conservative planning as well as contingency planning, we will be able to manage this year's lower revenues.

Unlike previous governments, however, we are always prudently planning into the future. Already we're thinking ahead, preparing for next year's budget, and as we do so it is becoming increasingly clear that Ontario will face significant fiscal challenges in 2002.

1400

Now, we could choose to abdicate our responsibility. We could choose to act as previous governments did, who threw prudence out the window, who spent recklessly and who left Ontario at the brink of bankruptcy. We could act like they did, but that could easily lead to the same financial mess that we inherited in 1995. As I said, we could do that, but I want to be abundantly clear today that we will not do that. Instead, we will continue to demonstrate the same resolve, the same determination, the same fiscal responsibility that Ontarians have witnessed now for the past nearly seven years.

Since 1995, we have brought a new approach to setting Ontario's priorities and managing our province's finances and economy. We cut taxes. We helped to create over 824,000 net new jobs. We balanced the provincial books three times in a row. We cut wasteful spending to allow us to reinvest in priorities like health care and classroom education.

These steps have benefited all Ontarians, and they are signs of strength in Ontario's fundamentals. But despite all this success, which has made us far better prepared to deal with an economic downturn than ever before, events around the world mean that we cannot afford to be complacent. Around the globe, western democracies are at war against terrorism. While it is our hope that this war will not be prolonged and that the North American economy will be able to quickly return to a cycle of growth, we must prepare for this period of uncertainty to be longer than originally expected. That is the prudent thing to do, and it is the right thing to do.

Our government's commitment to fiscal responsibility means that our spending can increase only if our revenues increase. A slower economy means slower growth in government revenues. As we prepare for an extended counterterrorism war, our government will ensure that we live within our means. It would be irresponsible today to count on revenue growth in 2002-03. It would be irresponsible to spend money we don't have. Previous governments did that; we will not.

In the coming weeks, we will continue to monitor our economy and our finances. Tomorrow's economic statement will provide the latest information on the state of the economy, and we will continue to keep Ontarians informed of further developments in the months before the next budget. We will continue to move forward with tough decisions to keep both government spending and the size of government under control. We will continue

to consult about how to keep government living within its means.

Tomorrow, the Minister of Finance will announce that pre-budget consultations for next year's budget begin immediately. These consultations will involve all ministries and all transfer partners. Given the challenges that Ontarians may face next year, we need to work with our partners to review and set priorities, to do better for less and to ensure that we are getting value for each and every dollar we spend.

Of course, preparing for next year's fiscal challenges is not made any easier by the refusal of the federal government to set the right priorities. Since 1995, we've made health care our number one spending priority. Without any help from the federal government, we have aggressively reformed our health care system. We have launched primary care reform. We have expanded community and home care, making important services available to people closer to their homes. We've opened up thousands of new long-term-care beds, the first in over a decade. We've started Telehealth Ontario, a 24-hour-a-day telephone service to provide free medical advice. We've reformed hospitals to move money away from bricks and mortar and toward front-line patient care. The list goes on and on and on.

Unfortunately, the federal government has not made health care one of their top priorities. Previous to 1993 and the election of the current Liberal government in Ottawa, Ottawa historically funded an 18% share of health care spending through the CHST transfers to the provinces. Since their health care cuts in the early 1990s, the federal government has cut that traditional historical funding level, resulting in a very significant federal funding shortfall. Since 1993, the federal government has increased their own spending substantially, yet they have continually failed to address their health care funding shortfall, the number one spending priority of Canadians. That federal funding shortfall has actually been picked up year after year for the past six years by your provincial government. The federal shortfall is now \$2 billion per year and growing.

For many years, provinces have called on the federal government to make up this shortfall and to provide an appropriate escalator to deal with the new costs so Canadians can enjoy the benefits of new technologies, new research, new therapies and an improved quality of life. This is not a partisan issue; this is a call from Canadians from coast to coast. Year after year, Premiers of all political stripes have called on the federal government to make up their funding shortfall, and now more than ever, a sustainable health system that can take care of people is absolutely necessary.

Unfortunately, we have not yet succeeded in getting the federal government to make health care their top priority. As a result, our government continues to pay for the federal shortfall dollar for dollar, day after day, week after week, month after month, year after year. Today I am calling on the federal government to use the opportunity of the federal budget in early December to set new

priorities by making up its health care funding shortfall and committing to an appropriate escalator.

The December federal budget must include a measured plan to return federal funding to its traditional 18% share. Without a commitment from Ottawa to fund its historical and fair share of health funding, like every other province in Canada, Ontario will no longer be able to make up the federal shortfall in next year's budget. If the federal government does not make health care a top funding priority in this year's pre-budget consultations, we will have to ask for input on how to make up the federal shortfall for the 2002-03 fiscal year and to preserve the sustainability of health care for Ontarians.

Ontario has faced difficult economic circumstances before, and we will again in the future. Recent terrorist acts have made the challenges ahead that much more difficult, but I want to reassure Ontario families that our government will not fail them. Although tougher times make the job that much more difficult, we are always looking to make the government more efficient. We will redouble our efforts to keep our economy strong and our province's finances in good shape, we will act to protect all the gains we have made in the past six years, and we will never allow the province's finances to deteriorate the way they were allowed to prior to 1995.

1410

ONTARIANS WITH DISABILITIES LEGISLATION

Hon Cameron Jackson (Minister of Citizenship, minister responsible for seniors): Today marks a very historical and proud day for the 1.6 million persons with disabilities who live in our province and a very proud day for our government.

All Ontarians should enjoy equal opportunity and the freedom to participate fully in the lives of their communities. Today we embark on a journey to a more inclusive Ontario with the introduction of the Ontarians with Disabilities Act, 2001. I might add, Mr Speaker, that in a very first for this assembly, the legislation is available in Braille, audiotape, electronic disc and large print.

I am joined today in the House by some very remarkable individuals and supporters who have shown me what we can do when we work together: Keith Norton, the chief commissioner of the Ontario Human Rights Commission; Carolyn Williams, Dean LaBute and Joyce Zuk of the Windsor advisory committee on disability issues; Ottawa ODAC member Barry McMahon; lawyer David Shannon of Thunder Bay; Sheila Jarvis, president of Bloorview MacMillan Children's Centre; Ray Cohen, of Abilities magazine; Barry Munro, from Canadian Spinal Research; Paralympian athlete Jeff Adams; Cliff Goodall, chair of the physically challenged committee for Burlington; Charlotte Gibson, president of the Easter Seal Society; Paul Rayner, from the Ontario March of Dimes; Thunder Bay Mayor Ken Boshcoff; the Ontario Association for the Deaf; Penny Hartin, from the Canadian

National Institute for the Blind; and the Ontario Association for Community Living.

Ontarians understand the need to work together to share the responsibility to change, and in doing so, to reach our goal of full citizenship for persons with disabilities. Persons with disabilities deserve the right to lead lives with dignity and quality, justifiably seeking the same rights to experience the same fullness of opportunity, experience and participation as all other members of our society. All around the province, our partners in the broader public and private sectors have been working to make their buildings, products and services more accessible to and more inclusive of persons with disabilities. They have been doing what is right, what makes sense.

The people of Ontario recognize, however, that more work needs to be done and that there is a strong need for change. Over the past few months, I have met with more than 100 individual disability organizations and additional individuals representing this community and the municipal, broader public and private sectors. I wanted to hear their voices, and I wanted to benefit from their expertise and their personal experiences.

In Ontario we are blessed with strong legislation such as the Ontario Human Rights Code. We have a wide range of government-funded programs and services in health care, children's treatment, respite care, research, development, transportation, special education, tax incentives, income and employment supports, and many more programs.

Yet this government knew that much, much more had to be done. Persons with disabilities want to be able to get into and around their communities safely: to go to their local library or recreational centre, to attend and participate in town council meetings, to go to the mall, to eat in a restaurant. They want the right to get to a job that nurtures their skills, to journey to the next community and be able to get around there. They want to live as independently as possible, to do the things so many people in society enjoy every single day.

Last week our government unveiled Independence and Opportunity: Ontario's Vision for Persons with Disabilities. The Vision, signed by the Premier and myself, will act as a visible and public reminder of the challenges we have undertaken. It is also a firm commitment based on what we have heard and what we have learned.

The proposed Ontarians with Disabilities Act represents the important legislative component of the framework that will achieve that vision. It would mandate the provincial government, municipalities and the broad public sector to plan for greater accessibility to their buildings and their services for persons with disabilities. It would establish the foundation for sustained and effective long-term partnerships. In particular, the knowledge, expertise and contributions of persons with disabilities would be called upon as never before in this province.

Passage of the bill would pave the way for the creation of the Accessibility Advisory Council of Ontario. I would

appoint the chair and members of its review body from the disabilities community. Similar accessibility advisory bodies would be required in all municipalities where there are 10,000 or more people. Several municipalities already have such committees, and the bill would expand them to every single corner of our province.

For the first time in Ontario, an act of this Legislature will entrench in law an Accessibility Directorate of Ontario. This would be created within the Ontario Ministry of Citizenship, and its job would be to oversee the day-to-day efforts required to fulfill the laws to help Ontarians with disabilities.

Chief among the directorate's tasks would be providing information, knowledge and support to all sectors; taking the lead in planning and policies that would increase accessibility; providing a strong oversight agency; monitoring compliance; establishing guidelines; and building alliances with the private sector. The directorate would work strategically with other ministries and stakeholders to make change happen and undertake a public education program to overcome attitudinal barriers in our province. The new Accessibility Advisory Council will begin and engage this important first phase of the legislation.

Several municipalities, as I have said, are already setting an example by bringing forward initiatives to increase accessibility within their current resources. I have seen, first-hand, success stories around the province and would like to acknowledge the leadership of communities like Windsor, under Mayor Mike Hurst, and Thunder Bay, under Mayor Ken Boshcoff. All Ontario municipalities affected by this bill will be held to the same high standard or even higher.

I want to emphasize how absolutely vital it is that persons with disabilities have a full and active voice in the changes we are setting forward today in legislation. My belief, as their minister, is that a policy or a law will work much better if the very people it affects are directly involved and are working with it on a daily basis. For the first time, disabled citizens will be driving the changes and reforms we create together in Ontario. This legislation does not just talk about persons with disabilities; it includes them as active participants.

Persons with disabilities understand the barriers they struggle with and confront on a daily basis. Their knowledge, expertise and experience are the singular, most important contributions to our understanding of these necessary reforms. Their involvement in the planning process outlined in the bill would ensure the government views activities through their disability lens.

For persons with disabilities, this legislation offers an unparalleled opportunity to make positive change happen in our province, not just now but long into the future. We are creating an alternative future filled with anticipation, with hope and with change. More importantly, it will be filled with dignity for all Ontarians, understanding the needs of our citizens with different abilities.

Many of us will be able to leave this Legislature today without giving a thought to how easy it is for us. There

must come a day when access here and everywhere in our province is just as easy for persons with disabilities. This legislation is a major step forward in achieving that vision and for gaining full citizenship for all our citizens.

Mr Dalton McGuinty (Leader of the Opposition): I want to congratulate the minister and the government for getting religion on this issue. It's something we've been working actively on for some six years now. The fact of the matter is that it was on May 24, 1995, that the Premier sent a letter to the disabled community specifically committing to enacting an Ontarians with Disabilities Act in his first term of office, and that was some six and a half years ago. We are pleased that the government, as I say, has finally found religion.

There are some people who should be thanked with respect to this: first of all, David Lepofsky and the Ontarians with Disabilities Act Committee, who have been absolutely tireless in making this government accountable for their broken promise.

In addition, I am very proud of the efforts made by some specific members in my own caucus. Ernie Parsons, Steve Peters and Dwight Duncan have kept the government's feet to the fire on this matter. They've had extensive consultations. They put a number of questions to the ministers involved. We put forward resolutions.

We haven't had an opportunity to review the legislation, but we look specifically to ensure that it reflects the 11 principles unanimously supported by the members of this Legislature. We of course expect that the committee will travel and enable the 1.6 million strong membership of the disabled community to have a full opportunity to comment on the legislation.

1420

ONTARIO ECONOMY

Mr Dalton McGuinty (Leader of the Opposition): On the matter of the Premier's statement, perhaps more aptly described as the Premier's lament, once again he plays the blame game when it comes to the federal government. He says that if only the federal government would send the province more money, then things would be better off here. But there's a new component to the lament this time. According to the Premier, the failings in our economic circumstances here are entirely due to the acts of terrorists on September 11.

Well, it is time for the Premier and this government to stare into the face of their own economic failings. We had the best of times in Ontario. We had the very best of times, and this government failed to anticipate the inevitable downturn. Everybody knows there is something known as the economic cycle. We knew that at some point the bubble would burst. We knew that at some point revenues would go down. We knew that at some point expenditures might go up when people lost their jobs. This government failed to anticipate that and it failed to secure our future.

It's important to keep in mind that before September 11, we had the slowest growth in the country right here in

Ontario. We were at the greatest risk of running a deficit right here in Ontario. We were experiencing the largest job losses on a per capita basis right here in Ontario.

Now, what does this government propose to do, given that they're concerned about the shortfall in revenues? What does the government propose to do in the face of that? The government says they are going to spend another \$2 billion in corporate tax cuts. The government says they are going to spend half a billion dollars on private schools. And the government has spent so far a quarter-billion dollars on partisan political advertising.

So instead of this tired, listless lament to the federal government to send more money, I would ask the Premier to keep in mind what it is that he has in mind for Ontarians and instead to act responsibly, to cancel the corporate tax cuts, to stop spending money on partisan advertising, and to stop sending money over to private schools.

I wish this government would make up its mind when it comes to advice that it offers the federal government. At the time of the last budget, the position taken by this government was that the federal government should proceed with another \$7 billion in corporate tax cuts. Now, either you want them to cut corporate taxes further or you want them not to cut taxes and to send more money to the provinces so that we could meet some of our health care needs. It's up to this government to get their act together.

In the interim, I want to tell Ontarians that we have put forward a positive, substantive plan. It involves going ahead with investment in infrastructure. It doesn't cost the budget one extra cent. It's a matter of investing dollars that this government has already committed but which it continues to stockpile for electoral purposes. These are not usual times, and the responsible thing to do now is to implement an Ontario security plan.

ONTARIANS WITH DISABILITIES LEGISLATION

Mr Howard Hampton (Kenora-Rainy River): I want to refer first to the proposed Ontarians with Disabilities Act, 2001. In responding, I want to congratulate all of those individuals and all of those groups who have worked very hard to push the government forward. I include and mention, of course, all of those people who have worked with David Lepofsky.

I want to point out, though, that in the few brief moments that we've had to look at the act, there appear to be some glaring holes in it. For example, it would appear as if private sector operators will not be covered by this act in any mandatory way. It would appear, in fact, that in terms of requiring buildings which are not now accessible to become accessible, there is nothing in the act. It would appear that all that municipalities have to do is to prepare a plan. If they prepare a plan, then technically they comply with the act. There is nothing in the act which says, "You must now do this and this"; just, "Prepare a plan."

I ask, then, what does the disability community do? There are to be these local advisory committees. I put it in the place of the community I come from. The disabled community there, I take it, is to work through that committee and to lobby the multinational employer to make their premises more accessible, to lobby an international hotel chain to make their premises more accessible. But if they are unsuccessful, it would seem that all they can do is to go back and file a complaint with the Ontario Human Rights Commission. The commission has already indicated they have neither the money nor the staff to follow through on those investigations.

At the end of reading this, I'm left to conclude that what is really in this presentation today is about one third substance and two thirds media spin. Now, it may be that members of the disabled community will say it is better to take this small loaf, because they may believe that's as much as they're going to get under this current government. But I have to say, I don't believe that this act meets either with the resolution that was passed in this Legislature or meets with the promises that were made by this government back in 1995.

We need to look at the details in this bill for some time. We need extensive public hearings so that there is a clear understanding out there of the very definite limitations in this bill and the committees and structures of committees that flow from it.

ONTARIO ECONOMY

Mr Howard Hampton (Kenora-Rainy River): I want to say just a few words about the government's lead-in to its financial statement. The Premier said, "It is becoming increasingly clear that Ontario will face significant financial challenges in 2002." For those who are not expert in media spin, that means a deficit. It then says that this is a government that has cut taxes. In fact, let's recognize that the mantra of this government has been that if you cut corporate taxes and you cut taxes for the well-off, it will create jobs. Well, Ontario has lost 29,000 jobs since May of this year. You would think, after all of those corporate tax cuts and all of those tax cuts for the well-off, that it would be virtually impossible to have a loss of jobs. There must be something wrong with the mantra.

The statement also talks about how the government has been responsible. People across Ontario need to know that from 1995 until last year, the government was actually borrowing money to finance its tax cuts. In 1996, in 1997, in 1998 and even into 1999, this is a government that was borrowing money to finance tax cuts.

I just want to point out that the government should have used these good economic times to set aside money for health care and education. It's signalling today that it hasn't, and we're in trouble because of it.

CORRECTION OF RECORD

Mr Peter Kormos (Niagara Centre): On a point of order, Speaker: I rise for an opportunity to correct my record.

On Thursday, November 1, here in this Legislature, during the course of the third reading debate around Bill 30, I made considerable comments that were critical of the leader of the official opposition with respect to his treatment of the member for Ottawa-Vanier. I characterized him as having disregard for the people of that riding. Among other things, I indicated that the conduct which resulted in Ms Boyer's facing a charge, which resulted in a conditional discharge—no conviction, no criminal record—took place before she was elected. In fact, it took place after she was elected but before she began sitting.

1430

ORAL QUESTIONS

HOSPITAL FUNDING

Mr Dalton McGuinty (Leader of the Opposition): My question is to the associate minister of health. Minister, we've just been informed that 600 expectant mothers who had planned to deliver their babies at the Queensway Carleton Hospital in Ottawa have been told that they will have to go elsewhere. There are three hospitals in Ottawa capable of accommodating deliveries. One is the Queensway Carleton. The other two, the Ottawa Hospital and the Montfort Hospital, have indicated they have no room to accommodate the 600 expectant mothers.

Where should these mothers go to have their babies?

Hon Helen Johns (Minister without Portfolio [Health and Long-Term Care]): Let me be very clear: when we talk about hospitals, no government has invested more in hospitals in the province of Ontario than this government.

Let me say that the Queensway Carleton Hospital had a new investment of \$12.8 million just in June of this year. We believe that services should be provided in the hospitals that best meet the needs of the people of Ontario and the area that the hospitals represent.

Mr McGuinty: I don't know what that was, but it was not an answer to my question. I'll ask it again on behalf of 600 expectant mothers in Ottawa. They have just been informed that there is no room for them at the Queensway Carleton Hospital. We have three hospitals in Ottawa which allow for the delivery of babies. The Ottawa Hospital and the Montfort Hospital are saying they cannot cope with these 600 mothers who are being kicked out of the Queensway Carleton Hospital.

I have a question to you on behalf of those 600 expectant mothers: where are they going to be able to deliver their babies?

Hon Mrs Johns: As everyone knows, babies are delivered in the province of Ontario as close to home as they possibly can be with the services that are there.

Let me say that the Queensway Carleton delivered 2,100 babies last year. It's expected that 2,100 will be delivered again this year. No budgets have been cut at the Queensway hospital and in fact they've had an increase of \$12.8 million.

We know that this is an essential service. We believe that we have funded the hospital so that they can provide these services for the women of Ottawa and we expect them to do it.

Mr McGuinty: On October 25, the chief of the department of obstetrics and gynecology at the Queensway Carleton Hospital sent a letter to the minister, and they say very specifically in here, "We feel strongly that these cuts jeopardize the health of women in our community." They go on to say, "There must be an immediate return to a commitment to perform 2,700 births a year" at this hospital.

The question I have again for you, Madam Minister, and that you have failed to answer in any satisfactory way whatsoever—600 expectant mothers are being shut out of hospitals in Ottawa—what are you going to do to ensure that these mothers in my community can deliver their babies in an Ottawa hospital?

Hon Mrs Johns: I need to reiterate again that 2,100 deliveries were in the budget for last year and were paid for by the Ministry of Health. We have at least that many in the budget again this year and we expect that to work within the realm. There's a \$12.8-million increase in the budget. Let me say that the minister will not approve a health care budget from a hospital if it doesn't provide essential services such as the ones we're talking about today.

I can tell you the women of Ottawa will be taken care of. There will be a place for them to have babies in their area as close to home as possible.

ACADEMIC TESTING

Mr Dalton McGuinty (Leader of the Opposition): This question is to the Minister of Education. You will be aware that the latest standardized test results were made public last week and they continue to be a source of tremendous disappointment for parents and our families generally. Madam Minister, you have yet to assume responsibility for these test results. You have yet to say that is a direct result of your government's failings when it comes to education policy that have contributed to these results.

Our students are short of textbooks, our class sizes are too big, particularly in the early grades, you have conducted an ongoing war with teachers and you have this terrible misplaced sense of priorities where you now want to invest \$500 million in our private schools.

Will you now admit that these poor results, these poor showings in our standardized tests are not the failing of our teachers or our parents or our students or the people

who write the tests or the people who conduct the tests; they are the direct result of your government's failings?

Hon Janet Ecker (Minister of Education, Government House Leader): Let's be very clear here. You're the party that said there wasn't a problem in education. You're the party that said we didn't need to change the curriculum because everything was fine. You said we didn't need testing because everything was fine. You said we didn't need to put in place specifically targeted strategies to make sure that there was accountability for these results.

Everything is not fine. The reason we changed the curriculum, the reason we put tests in place, the reason we are doing all of these things is because we know that our students were not getting what they needed. The changes we're putting in place are starting to measure that need. They are starting to show tangible improvements.

If he wants to say that the teachers and parents and students who are working so hard to improve student learning are not seeing tangible improvements, then he should stand up and say that. But there are tangible improvements. Do we need to do more? Absolutely, and that's why we brought in the Ontario early reading strategy for this year. Did they support—

The Speaker (Hon Gary Carr): I'm afraid the time is up, Minister. Supplementary?

Mr McGuinty: I know this is painful for you to have to stare into, Madam Minister, but it has been six years, and nearly half of our children in public education are failing to meet the basic standards in reading, writing and mathematics. That's your legacy, Madam Minister. That's what you stand for. That's what you've accomplished after six years.

Do you know what I wish you'd do, Madam Minister? I wish you'd do what the Minister of Education did in England. He stood up and said, "I will get you substantive improvement in our standardized tests or I will resign." He said he would not blame the teachers, he would not blame the parents, he would not blame the school board trustee equivalents over there, and he wouldn't blame the kids. He said he would get the results or he would resign.

Madam Minister, why is it that after six years of your government's reforms to public education, our children still aren't passing the standardized tests and you continue to refuse to admit that the fault lies with you and your government?

Hon Mrs Ecker: The new curriculum came in in 1998. Now maybe the Liberal opposition, who love to criticize this government and say we do too much, too fast, are demanding of our teachers that overnight they should be able to correct 20 years of neglect, 20 years of no accountability, 20 years of lack of standards in our education system.

Well, this government recognizes that you first need to measure. We're not afraid to do that. Secondly, we also recognize that you need to put in place strategies which will fix this: the early reading strategy; the investments in

early literacy; the training for teachers; the new resources for kids; the over \$100 million invested in smaller class size. We on this side of the House did this because we knew there was a problem. We're taking steps to fix it.

The honourable member's head-in-the-sand approach that they took for years, and now demanding that somehow or other by waving a magic wand he's going to have the solution, is not doing a good service to our parents, our teachers—

The Speaker: Order. The minister's time is up. Final supplementary.

Mr McGuinty: Madam Minister, I say again, it's been six years. Sure, you brought us the tests, but what we want are the results. We're after results.

Check out the latest poll results published in the National Post global release which came out just a couple of weeks ago. Do you know what it says? This is particularly telling. It says the only province in which the public has made the assessment that the government's policies are failing in education—the only province where they've made that assessment—is right here in Ontario. People are on to you now, Madam Minister. They know that a failing, when it comes to public education and our children's inability to achieve success when it comes to our standardized tests, lies with your government and your policies.

We have an alternative. I put it forward some many months ago now. Let's have smaller classes for our children in the early years. Let's bring into place lighthouse schools. Let's ensure that our children have access to other schools, not just the one in their immediate community. There is a positive alternative, Madam Minister. My question to you is, why won't you implement that positive alternative?

Hon Mrs Ecker: If the honourable member really thinks that somehow going around the province and saying, "Gee, this is a lighthouse school. Let's have 20 lighthouse schools"—there are over 4,000 schools in this province. If he thinks that just waving that magic Liberal wand is going to make all of those schools succeed, he is wrong. What it takes are investments, which we've made. What it takes are high standards, which this government put in place and his party said we didn't need. What it takes is more training for teachers, which we are putting in place. What it takes is better supports for parents and students, which we are putting in place.

That party said there wasn't a problem; we had the courage to say there was. We've got the courage to measure it, and we've got the courage to admit that we are fixing the problem that his party and the NDP allowed to develop in our schools. The parents and the teachers and the students are producing tangible results. Look at the results—

Interjections.

The Speaker: Order. The minister's time is up.

1440

ONTARIO ECONOMY

Mr Howard Hampton (Kenora-Rainy River): I have a question to the Minister of Finance. We understand that you intend to send out one-time-only \$100 cheques to 222,000 low-income families with children in the province, apparently to help them purchase Christmas presents and winter clothes. We're puzzled, though, because your plan would leave out the lowest-income families in the province, those families that are forced to rely on social assistance or the Ontario disability support program. If the strategy of your plan is to help the poorest families with children purchase winter clothes and perhaps buy their children a Christmas present, why would you exclude the very poorest families in the province?

Hon Jim Flaherty (Deputy Premier, Minister of Finance): The member speculates about what may or may not be the contents of the fall economic statement, which will be delivered tomorrow. We've certainly heard, during the course of consultations in the past couple of weeks, about the impacts on tourism and the restaurant sector in particular and also in the retail sector and on workers in those sectors as a result not only of the economic slowdown this year but also of the effects of September 11. There has been some recovery from the economic consequences of the tragedies of September 11, but that is only some recovery to date. These are issues that have been raised with me as Minister of Finance during the course of the past couple of weeks.

Mr Hampton: I asked why the Minister of Finance would exclude the very poorest families with children in the province, and he didn't answer. So let me ask him: since you've become Minister of Finance, 29,000 people in this province have lost their jobs. They have no jobs at all. Why would you exclude them? You talk about this as if it's some sort of stimulative package for the economy. But a \$100 cheque to some 200,000 families has hardly any stimulative impact at all. Maybe you should try to explain this a bit better. If you're going to exclude people who have recently become unemployed and people who have to rely on the Ontario disability support program or on social assistance, this doesn't make sense, and as a stimulative package it will cause nary a dint. What's your real strategy here?

Hon Mr Flaherty: Again, the member speculates about the contents of the fall economic statement, which will be delivered tomorrow. I can tell you that we are very concerned about job losses in Ontario. When a family breadwinner loses a job, or both parents are working and someone loses a job, it has quite difficult consequences for that family, for them trying to maintain mortgage payments or pay their rent, make car payments, keep food on the table and buy clothing. These are difficult times in the western world. There is an economic slowdown. The economic effects in Ontario have been significant with respect to the tragedies of September 11.

I'm sure none of us in this place would want to make light of the effects of those realities on families in Ontario. It is important that we be conscious of that and make some attempt to address those issues.

Mr Hampton: If you're really interested in addressing those issues, then I suggest you take the \$2.5 billion corporate tax cut, your gift to your corporate friends, who will only get it if they're already making a profit, put it in the bank and provide a reduction in the sales tax for the 11 million people across Ontario who need some help. If you did that, you'd be helping families who have to rely on ODSP, families who have to rely on social assistance, families who have lost a job and families who have to work for the minimum wage. You'd be helping a lot of other modest- and low-income families who are also facing a difficult time, plus you'd be helping retailers. Your strategy doesn't help the poorest families, doesn't help the unemployed and doesn't stimulate the economy either. I suggest to you that all it does is provide you with a little bit of public relations cover while you funnel off another \$2.5 billion to your corporate friends. If you really want to help people, reduce the sales tax.

Hon Mr Flaherty: The member opposite again raises the question of reducing the sales tax. I must say that with respect to tax cuts, I agree with Paul Martin. With respect to reducing the GST federally and the RST provincially, I also agree with the federal minister, and we've talked about this. All you get is a short-term hit, quite frankly. You accelerate spending. You pull it ahead by a month or two. It has no long-term positive gain for the economy.

On this side of the House—and I say this with respect to the member opposite—we're interested in long-term, sustainable economic growth and the creation of permanent jobs in Ontario. That's what grows the economy. That's what helps people. That's what helps retailers in Ontario, not short-term, knee-jerk actions.

The Speaker (Hon Gary Carr): New question, the leader of the third party.

Mr Hampton: To the Minister of Finance: I'm not surprised that you and the federal Liberals in Ottawa agree on most of these issues. You've been singing the same mantra for the last five years now, "Tax cuts create jobs." But we're seeing now, as the recession hits, that tax cuts aren't creating jobs, and you need to provide some relief to all those families out there that will give them an enticement to get back into the economy.

I want to ask you this: we saw that Quebec brought forward a strategy to provide municipalities with some money so they can begin an ambitious project of fast-forwarding construction projects and other infrastructure projects. We've asked you to do the same here. Is that something you're going to announce tomorrow? Are you prepared to bring forward some SuperBuild funding quickly, so that municipalities can begin those projects and put people back to work?

Hon Mr Flaherty: As the member opposite knows, I can't talk today about what will be in the economic

statement tomorrow. But I can say to the member opposite that since 1999, more than \$8 billion worth of construction projects have been caused to happen in Ontario through SuperBuild. It's a remarkable story. As you travel around Ontario today, at our colleges, at our universities, at our hospital sites you see all this construction underway now. It's the future of Ontario, this infrastructure that's happening right now. Are there going to be more announcements? You bet there are, in the next 30 days with respect to OSTAR and culture and recreation.

Mr Hampton: Minister, you may hope that by repeating that story, some people will believe it, but in fact SuperBuild is not building anything across this province. What you see in community after community is a hospital that is half built, the community trying to figure out, "Where do we get the money to cover the construction deficit?" and your government nowhere to be seen.

We've also asked you to indicate that you're not going to sell off our electricity system and create price increases and less stability there. We've also asked you if you would come forward with a readjustment fund for communities that have been hard hit by layoffs or are being hard hit by the recession. We ask you frankly to take an example from Quebec, which announced that through their own variety of SuperBuild they're going to construct 22,000 new child care spaces and 13,000 new affordable housing units—and renovate 27,000 older ones—and provide the lowest-paid people in the province with a \$250-million sales tax credit, which wouldn't be a bad idea here, except we don't have a sales tax credit in Ontario. Would you consider any of those options as a way of helping modest- and lower-income families and Ontario industries deal with the recession rather than just giving another \$2.5 billion in corporate tax cuts?

Hon Mr Flaherty: I'm sure the member opposite knows that we consider many opinions. Many options are brought forward to us with respect to budgeting and fall economic statements. There are many ideas out there, and that's why we meet and consult and listen to the various ideas.

But the concern we have is with long-term economic growth built on a firm foundation in the province of Ontario. We're fortunate now we have that firm foundation as a result of the difficult decisions that have been made over the course of the past six years. But you can't exchange this program or that program for low, competitive taxes, for prudent fiscal planning, for three balanced budgets in a row. That's what creates the firm foundation that we can build on in the future in our vision of Ontario.

1450

HOSPITAL FUNDING

Mr Steve Peters (Elgin-Middlesex-London): My question is for the associate minister of health. Minister, your ministry has justified the hatchet job that's taking

place in London, saying that this is what the experts have recommended, but one thing that you've never done is release the recommendations that led up to this decision.

I have been able to secure a copy of the pediatrics cluster report, under scoping recommendations, and on page 4 of that it says that the children's hospital deserves continued support as a unique cost-effective tertiary program of the LHSC and an essential member of the academic community. They go on to say that limiting care in London will compromise the health of the sickest and most vulnerable children. To me, that doesn't sound like a mandate to slash children's programs at LHSC.

Minister, this is what the experts are truly saying, the experts that you and your ministry constantly keep referring to, but these experts are singing a different tune. Why are you allowing the opposite to happen and compromising the sickest and most vulnerable children in southwestern Ontario?

Hon Helen Johns (Minister without Portfolio [Health and Long-Term Care]): I think I need to be very clear today that this side of the House is concerned about patients. They're concerned about the kids and their going to the hospital and having great services when they get to the hospital. That's the concern on this side, not some political agenda that's happening over there, but a true concern for the kids of London and surrounding areas. And that's what we're doing. We're working with the London Health Sciences Centre to ensure that they provide top-quality services for the people of our area.

Mr Peters: Talk about top-quality services and recommendations and doing what's best for patients, this is what the cluster group recommended. They recommended that two programs be cut. They recommended pediatric burn and rheumatology be cut. Somehow it leaves this cluster group and it goes to the steering committee, and then at the steering committee these recommendations aren't endorsed; the recommendations change. All of a sudden now we're seeing scoped out not only pediatric burns and rheumatology, but those two plus pediatric major facial surgery and pediatric cardiology surgery.

Minister, how does it change? How does it go from the experts recommending this in their template report to going to the steering committee, the executive leadership team to the hospital, and ultimately to the board of directors? How do they change? How do recommendations change?

Minister, again, why, why, why are you allowing this program to be discontinued? And this isn't political. This is for kids; this is for patients. You're not listening. Your members aren't listening. Why won't you stand up for the kids in southwestern Ontario, and why don't you start asking some questions about why we have two conflicting reports that make a decision in the hospital?

Hon Mrs Johns: The member opposite can scream as much as he wants at me, but the bottom line is we have to be concerned about children in southwestern Ontario. My children could be going there tomorrow, anybody's chil-

dren in southwestern Ontario could be going there tomorrow. We have to have the best services for them. As a parent of children who may go there, I want to know that when I send my children to that hospital, they're getting excellence that they could get at any children's hospital across the province.

It so happens, in these two cases, they're not getting those services, and we need to do better as politicians and as people who are in charge of taking care of the children of the province. It's the intention of this side to ensure that the best services are offered, or we move children to where the services are the best, because the children are our future in the province of Ontario.

EMERGENCY PREPAREDNESS

Mrs Julia Munro (York North): My question is for the Solicitor General. Last week our government made our antiterrorism and emergency measures announcements. These announcements were made following province-wide consultations and an unprecedented review of existing government policies.

As we all heard in this House last week, the opposition felt that the brave women and men who make up Ontario's firefighters had been left out. Minister, please clarify for all members of this House and all Ontarians how our plan will benefit firefighters, thereby keeping us all safe.

Hon David Turnbull (Solicitor General): I'd like to thank the member for York North for this question. The government certainly recognizes the value of the work of firefighters.

On September 11, hundreds of firefighters were entering the burning buildings in New York as other people were rushing out. They are our first responders and, indeed, last week we responded to their needs.

Firefighters will benefit from \$1 million worth of commitment for equipment to deal effectively with chemical, biological or radioactive crises, and \$2.5 million annual funding for training in urban search and rescue, chemical-biological-radiological-nuclear response and hazardous material handling; as well as that, \$600,000 to work with the owners and operators of large buildings to develop evacuation procedures. These new measures will benefit firefighters and will benefit all Ontarians.

Mrs Munro: Minister, you and your ministry have been working very hard to ensure Ontario and Ontarians are safe. How do we compare to the rest of the country in terms of announcements and commitment to safety?

Hon Mr Turnbull: In Saturday's National Post there was actually a review of all of the arrangements across the country in the various provinces, and Ontario is clearly leading the pack. We were the only province to have a formal anti-terrorism plan prior to September 11. We're one of only two provinces that have a formal bioterrorism plan. We're the first province to commit significant funding to emergency preparedness. We have committed over \$20 million for such things as doubling the budget of

Emergency Measures Ontario; \$3.5 million for an anti-terrorism unit; \$2.5 million to enhance intelligence gathering; and \$4.5 million for a provincial emergency response team.

We are committed to ensuring that Ontario remains one of the safest places in the world to raise a family and to live.

ENVIRONMENTAL PROTECTION

Mr James J. Bradley (St Catharines): I have a question for the Minister of the Environment. Minister, you will be aware that today the Sierra Legal Defence Fund released a report called Ontario, Yours to Pollute. The report stated that polluters broke Ontario water regulations nearly 10,000 times between 1996 and 1999, but only 11 of the facilities dumping toxic and other harmful chemicals into waterways were charged. It goes on to say that your ministry shows that there were 9,906 waste water violations in four years, starting with 1996 to 1999. It finds, among other things, that big Ontario companies routinely produce effluent so contaminated with dangerous chemicals that it kills wildlife exposed to it; that Darlington nuclear station had 58 effluent samples that killed test animals; Pickering, 19. It's a condemning record.

When is your government going to stop playing footsie with the major polluters in this province and start prosecuting all of those who are in violation of our laws?

Hon Elizabeth Witmer (Minister of the Environment): Our government is committed to very strong enforcement. We know it is the backbone of our efforts to protect our environment and also human health. We did pass legislation in November 2000. It was called the Toughest Environmental Penalties Act. I'm very pleased to say that our track record has improved tremendously. We have a SWAT team in place that is fully deployed.

I'd just like to share with you some of the highlights and the improvements that have been made. Total fines have increased by \$1 million, or 118%, in the first half of 2001. Fines issued in 2000 cost the polluting industry more than \$3 million, more than a 75% increase from 1999. Investigators have laid 23% more charges in the first six months of 2001. The number of charges laid in 2000 increased by 48% from 1999.

The member can surely see that our government takes enforcement very seriously. We have introduced legislation. We have hired more—

The Speaker (Hon Gary Carr): Order. I'm afraid the minister's time is up.

1500

Mr Bradley: The minister's answer is like saying there were 1,000 people who went through a red light, you prosecuted one out of the 1,000 and now you're prosecuting 10 out of the 1,000. It's a huge percentage increase, so we should be satisfied. The report speaks for itself.

But there's a second issue that is equally important to the results of this report and that is the fact that people in

Ontario and organizations have to pay money to receive the information from your ministry. In fact, the Ontario Ministry of the Environment tried to block the Sierra Legal Defence Fund from receiving this information by charging thousands of dollars to obtain what should be public information. Fortunately, the Information and Privacy Commissioner ruled against the Harris government on this and you were forced to give the information.

Minister, why did you try to prevent the Sierra Legal Defence Fund from obtaining this information by putting in place many financial penalties; and second, will you now undertake to end the habit of trying to block information coming forward into the public domain from your ministry?

Hon Mrs Witmer: We believe that it is in the public interest to share information with the public. Recently there have been steps taken in order that we can commit to provide the public with information about companies that are out of compliance with environmental laws. We now publish this information on a Web site and information about non-compliant facilities is available. We believe this is a significant improvement. In fact, I can remember that when I made the announcement about the fact we were going to share this information about some air quality emissions there was disapproval from the opposition, and I can't understand why, because this is the very question that you're asking me today.

FRANCHISE BUSINESSES

Mr Wayne Wettlaufer (Kitchener Centre): I have a question for the Minister of Consumer and Business Services. I hope you're aware that we've got a problem in Ontario with Grand and Toy and their franchise stores. Grand and Toy has decided to terminate at the end of this year their franchise agreements affecting 23 franchise operators throughout the province. One of these franchise operators is in my riding. This affects the investment that these franchise operators have made in their stores. It affects them considerably. It affects their future financial wherewithal.

I have a franchisor in my riding who would never believe in operating this way. They're called M&M Meat Shops. They're the nation's best franchisor. I was wondering if you could use them as an example. I wonder if you're aware of the situation involving Grand and Toy. If you are, what are you doing about it, and can the franchise act offer any assistance?

Hon Norman W. Sterling (Minister of Consumer and Business Services): This is an important issue to many members of the Legislature. Mr O'Toole and Mr Tascona also raised this issue with me weeks and months ago when it first arose.

I feel very much sorry for the Grand and Toy franchisees who had this sprung on them as a great surprise to them. They have taken an action through a class action suit, and although many of them entered into contracts which were made prior to the passing of the franchise act, that act still allows them to use provisions

of it to include it as part of their suit, and they've done that in their statement of claim.

Mr Wettlaufer: I wasn't able to hear all of the answer because of the heckling on the other side, but I would like to ask the minister if there is not a mandatory dispute resolution mechanism provided in the Arthur Wishart Act, and if not, why not? Why would there not be any dispute resolution mechanism in the legislation, and what other options would the franchisees have?

Hon Mr Sterling: The Arthur Wishart Act, of course, was passed about two years ago. At that time, there was not included mandatory arbitration. But in our general civil litigation process there is the option for the Attorney General to demand that a mediation process take place. I understand that is the case with regard to this lawsuit, and in fact the franchisor and the franchisees are going through a mediation process right now.

The legislation we passed two years ago was the first legislation to protect franchisees in terms of dealing with unscrupulous franchisors. We don't know what the total effect of that legislation is. This is a good test of that particular act. If it proves not to be enough, we'll bring it back and change it.

ENVIRONMENTAL PROTECTION

Ms Marilyn Churley (Toronto-Danforth): My question is for the Minister of the Environment. Minister, despite Walkerton and despite perhaps hundreds of violations of industrial lethal wastes in our water, including, may I add, your own nuclear and coal-fired plants, for the year 2001 you have laid charges against exactly three companies out of compliance. Incredibly, you say charging polluters doesn't work. Your own staff said taking a company to court doesn't clean up the problem. The rest of us know that's exactly what does work.

A year and a half ago, in a leaked cabinet submission your senior staff asked for SWAT teams to tackle this problem. They asked you to send the teams after 79 industrial companies that were out of compliance for over two years for poisoning our drinking water supplies. Minister, you didn't do it. Why not?

Hon Elizabeth Witmer (Minister of the Environment): We are very committed to protecting the environment and human health in this province. We have demonstrated that we have taken some very significant steps in order to ensure that enforcement is the backbone of everything that is done in this province in order that we can protect the environment and protect human health.

I would just remind you of what has been accomplished, particularly in the last couple of years. We simply have to take a look at the new legislation that has been passed that ensures we will have the toughest environmental penalties in this province. The maximum fine for a corporation's first offence has increased from \$1 million a day to \$6 million a day. The maximum fine for an individual's first offence has increased from \$100,000 a day to \$4 million a day, and the jail terms

have increased from two years to five years. Our government is making sure that Ontario becomes less and less hospitable to polluters.

Ms Churley: You increased the fines, but now you say you won't prosecute. Minister, let me point out to you that we're talking about poisoning the water we drink here. The NDP government used to publish the information about this; your government hides it. You know the public has a right to know what's going on. It is their water and, despite orders from the freedom of information commissioner, you are still trying to hide this important public health information.

The Sierra Legal Defence Fund filed yet again a freedom-of-information request for your 2000 data on waste water violations. Once again, you are not complying. It is now overdue and, once again, they're being forced to appeal. Minister, I am asking you: will you table the 2000 data on waste water violations today in this House?

Hon Mrs Witmer: I have shared with this House on several occasions the fact that we are now making information available to the public regarding companies that are out of compliance.

I would just hearken back to the statements that were made by the member in the original question. The member knows full well that when it comes to activities of enforcement, to the process and to investigation, that is arm's length. However, I can assure you that our government has increased the number of investigators in place. We have increased the orders issued. We have increased the fines that have been levied, and we have taken very rigorous steps in order to ensure that this province does take every measure possible to make sure that those who pollute are fined.

1510

HOSPITAL FUNDING

Mr Dominic Agostino (Hamilton East): My question is to the associate minister of health. On Friday, the Hamilton Health Sciences Corp, which runs the Chedoke-McMaster, the General and Henderson in Hamilton, announced the closure of 62 acute care beds permanently and four more on a temporary basis. They sent layoff notices to 30 registered practical nurses. This cut represents almost 10% of the acute care beds in that particular system. This hospital, through great efforts, has tried to cut costs, as directed by this government, but with their best efforts they are still going to run a deficit of maybe up to \$12 million. This particular move is going to save \$3 million. The reason they have to do this is clear: you're not giving them enough money. There's a problem in funding at the hospital level, and all this is going to do is continue to add to the backlog we have in emergency departments, in redirects, in people waiting for beds.

Minister, can you stand up and justify how you think it is acceptable in our health care system today to have 62

acute care beds in Hamilton shut down because of your moves and your cuts?

Hon Helen Johns (Minister without Portfolio [Health and Long-Term Care]): I'd like to thank the member opposite for the question, but I think the member understands that's not quite the way it truly is. When the government made some decisions a number of years ago as a result of the health restructuring commission, it was decided that there were too many acute beds in Hamilton and that there was a need to have more long-term-care facilities and some rehabilitation beds.

I'm happy to report that those beds are up and running in the Hamilton area. We have 20 rehabilitation beds that are all ready to go and they have been funded through the Ministry of Health and Long-Term Care. We also have 248 long-term-care beds up and running. So you can see there are more beds but they're in different locations, because the goal of this side of the House is to make sure that there are integrated health services available for the population at every stage and that their health care needs are met: another wonderful thing done by the Mike Harris government.

Mr Agostino: Minister, you must be the only person in the world who believes an announcement of closing 62 acute care beds is good news. It is unbelievable.

The long-term-care beds we need are not a gift, the rehab beds we need are not a gift you're giving us, and I'm not going to stand here and thank you for that. But the 62 acute care beds that are being cut are going to cause a problem in our health care system. I can't believe that as health minister in Ontario you would stand up and say that you think that's a good move and you believe that's in the best interests of Ontarians.

Minister, they're doing it in order to cut a further \$3 million from the health care costs because of what you have done. It is not good news. It is not good news for the patients. Again, I say to you, if you can find \$2.2 billion for corporate tax cuts, why can't you find the money to ensure that these 62 acute care beds in Hamilton stay open and that these 30 nurses don't lose their jobs?

Hon Mrs Johns: It's obvious that this member opposite is just trying to create headlines. Let me say one more time that we don't believe that all the beds in the province of Ontario should be acute care beds. We believe that there should be beds so that seniors can go in and have activities, as opposed to being in a hospital. We believe they should be up and doing recreational things. We believe they should be in a homelike setting—hence, 248 beds.

We believe that some people in this province shouldn't be in a hospital for a long term, that they should be in a rehabilitation centre getting the occupational therapy they need, getting the services they need, the rehabilitation services, so that they can get back out and lead productive lives. We have done that because we believe that you need to provide the best-quality services for the people in Ontario.

I understand a press release is going to come out of this, but the member opposite knows that you have to have—

The Speaker (Hon Gary Carr): The minister's time is up.

ENERGY COMPETITION

Mr Ernie Hardeman (Oxford): My question is to the Minister of Energy, Science and Technology. We all know that in the coming months we will see the opening up of the electricity market in Ontario, which of course is good news for all electricity consumers. But, Minister, could you tell us what is being done to promote, encourage and assist environmentally friendly or green energy initiatives in Ontario?

Hon Jim Wilson (Minister of Energy, Science and Technology): Two of the guiding principles in the government vision for Ontario's electricity sector that were announced by the Premier on February 28 are protecting the environment and supporting the search for alternative sources of power. Green energy—there's a new era beginning in Ontario with the opening of the energy market.

In the brief moment I have, let me just tell you some of the projects that are publicly announced in this sector that wouldn't be possible without the changes we're making in the electricity sector: a biomass project in Thunder Bay for \$35 million; another biomass project using wood waste in Hearst by TransCanada Power Services for \$120 million; new wind turbines for Ashbridges Bay in Toronto at \$1.3 million; Toronto Exhibition Place for the Toronto Renewable Energy Co-op, a \$1.3-million wind turbine project; North America's largest wind turbine, by Ontario Power Generation, a \$3.5-million project already up and running in Pickering; a wind farm for \$50 million in Prince Edward county; landfill gas projects in Toronto northwest for \$2.8 million; Brantford for \$8 million; Waterloo, phase 1, \$7 million—

The Speaker (Hon Gary Carr): Order. I'm afraid the minister's time is up.

Mr Hardeman: Thank you very much, Minister, for outlining all those very important and excellent programs and projects that are ongoing. That will all be good news for our environment, for using more green and environmentally friendly energy, but could you also tell us what we're doing to promote energy efficiency in the province of Ontario?

Hon Mr Wilson: There are dozens of new projects, in fact, \$3.6 billion in new projects, and hundreds of new jobs as a result of our plans and our vision to introduce competition. All of this was illegal under the Ontario monopoly system called Ontario Hydro. If you had a windmill, like the fellow who has one on the top of Blue Mountain in my riding, and you wanted to get that power to willing customers, Ontario Hydro wouldn't let you do it. Under the new system, billions of dollars of new green energy are coming on-line. Plans are in the works, projects are already being built and hundreds of jobs are

being created—a fantastic record for any jurisdiction in this stage of the competitive process.

TENANT PROTECTION

Mr David Caplan (Don Valley East): I have a question for the Minister of Municipal Affairs and Housing. Minister, in a recent interview with the Peterborough Examiner, your cabinet colleague the member from Peterborough made some very interesting comments about tenant protection in Ontario. In speaking about the practice of charging illegal deposits, the Minister without Portfolio said the following: "Sometimes landlords get the first and last month's rent and nothing in between." He went on: "We may have to pass legislation to offset these things."

Minister, has your cabinet colleague let the cat out of the bag? Will you confirm whether you plan to make changes to make it legal for landlords to charge additional deposits to tenants, as the Minister without Portfolio from Peterborough advocates?

Hon Chris Hodgson (Minister of Municipal Affairs and Housing): I'm not sure if I got the whole question, but I'll try to answer what I think he asked. In terms of the Tenant Protection Act and the rules around that, we haven't changed those since the Liberals and the NDP were in power. The rate of increase is lower, on average, than was in place under the previous two administrations. But I'll wait for the supplementary to hear the details of the question.

Mr Caplan: Minister, you wrote the Tenant Protection Act; you've betrayed tenants. You have whittled away tenants' rights with red tape and government efficiency bills. The fact that you refuse to condemn your cabinet colleague's remarks can lead to only one conclusion: that you support Mr Stewart's position.

Minister, I want to give you one more chance. Will you confirm whether you will make changes to the existing legislation to make it legal for landlords to charge additional deposits from tenants? The Minister without Portfolio from Peterborough thinks so. Do you agree?

Hon Mr Hodgson: We do review legislation from time to time and we keep an open mind to all suggestions. Our party is an open party; we allow for suggestions from members of society and our own caucus. At least we're thinking about the issues. I think he recognizes there's a balance. You want to have more housing in this province, but you also want to respect the rights of the tenants. We have found that balance in the current act, but it's always open for review to see how we can improve it.

1520

COMMUNITY ECONOMIC DEVELOPMENT

Mr Norm Miller (Parry Sound-Muskoka): My question today is for the Minister of Northern Development and Mines. My constituents in Parry Sound-

Muskoka have been closely watching the media reports regarding the economic challenges facing Sault Ste Marie. I know you've been working hard on behalf of northern community leaders to encourage diversification of their economies and to build strong communities. Could you tell the members of this House and my constituents in Parry Sound-Muskoka what communities can do to ensure they are prepared to face these economic challenges?

Hon Dan Newman (Minister of Northern Development and Mines): I thank the member for Parry Sound-Muskoka for the very important question. I can assure him that the Ministry of Northern Development and Mines remains committed to working with all northern communities to find ways to diversify their economies and to work with other partners to build strong communities.

The challenges that face Sault Ste Marie can be met. Those individuals with an entrepreneurial spirit that challenges the status quo and looks for opportunities to expand into new sectors may find success to be theirs in the Soo and beyond.

We will continue to work hard to create an economic climate for job creation and to attract investors and tourists to northern communities such as Sault Ste Marie.

Mr Miller: Minister, my constituents want to know exactly what the government has done recently to assist the Soo to attract investment and tourists to its community. What has the Ministry of Northern Development and Mines done recently to assist the community of Sault Ste Marie?

Hon Mr Newman: On Thursday, November 1, Premier Harris and I announced a new marketing strategy for the Soo to help create jobs and opportunity. We were joined at that announcement by John Snobelen, the Minister of Natural Resources, as well as by Ted Chudleigh, the MPP for Halton. We were also joined by Sault Ste Marie's mayor, John Rowswell.

The Mike Harris government's commitment of \$260,000 through the northern Ontario heritage fund is part of a \$1-million investment by the provincial, federal and municipal governments as well as private sector partners. The three-year marketing project will identify companies that could benefit from the city's skilled and experienced workforce.

I remain committed to working with community leaders to identify ways to diversify their economies and to build strong and prosperous communities. I want to take this moment to commend Sault Ste Marie's mayor, John Rowswell, for his commitment to this very important issue.

I'm certain this strategy will help Sault Ste Marie's long-term prosperity and will help create new jobs by promoting Sault Ste Marie as a great place to do business.

LOW-INCOME ONTARIANS

Mr Tony Martin (Sault Ste Marie): My question is for the Minister of Finance. I saw him a second ago. I'm not sure where he got to.

Interjection: There he is.

Mr Martin: Minister, this weekend you decided to play Santa Claus, but your Grinch tail is sticking out a mile. You say you're trying to help families with a Christmas bonus, and yet once again you exclude the people who need it the most. People are losing their jobs. Families on Ontario Works have lost buying power, when you factor in the cuts and inflation. People on disability support programs have had their benefits frozen since 1995. The cost of food, clothing, housing and other necessities has jumped 9.5%. Yet once again you've excluded our poorest families from money they desperately need.

Minister, if you truly want to help the families hardest hit in this recession, you'll stop the clawback of the national child tax benefit, you'll fast-track my bill to give increases to people on ODSP and you'll include the most vulnerable and at-risk families—women and children—in your Christmas present to the poor of this province.

Hon Jim Flaherty (Deputy Premier, Minister of Finance): I didn't hear a question. I was waiting for a question.

The member raises the issue of the fall economic statement, which will happen tomorrow, and we won't deal with that today.

In terms of the needs of vulnerable people in Ontario, I'm very proud of the record of our government, particularly in the budgets. In the most recent budget, we addressed the issue of housing for developmentally disabled children who are now adults: \$67 million, so that their parents don't have to worry about what they'll do when they're gone and their developmentally disabled children, now adults, need a place to live.

I'm very pleased that we addressed the issue of funding required by the 19 children's treatment centres around Ontario, which help babies with spina bifida, autism and other developmental disabilities. We addressed that in the budget this year, giving them the funding they asked for in the amount of \$20 million. That's practical assistance to help persons who are vulnerable.

Mr Martin: Minister, you're giving Christmas bonuses to families in this province, and we think that's great. But again, you're excluding the most vulnerable and at-risk of our women and children, our families on supports in this province. Children are suffering. Families can't put food on the table, can't afford the winter clothing they need and are terrified by the upcoming stresses of Christmas. Stopping the clawback would give back almost \$100 a month for every child of a family in dire need. Surely you don't think children should be penalized for being born into poverty.

Passing my Ontarians with disabilities legislation would mean a cost-of-living increase every April 1. This would mean a 2.9% increase this coming April. Again,

Minister, surely you don't think that people should be penalized for living with a disability.

The time has come to really help people. Stop the clawback of the national child tax benefit, tell us you will support my bill to raise the ODSP and put it on the fast track. Will you do that, Minister, and will you include those most vulnerable and at-risk families?

Hon Mr Flaherty: Of course we are concerned with job losses, particularly during a time of economic slow-down, complicated and compounded by the tragedies of September 11—there's no question. I heard in the consultations before the fall economic statement that, particularly in the tourism and restaurant areas and in the hotel business, there have been some significant layoffs, and yes, we're concerned about that.

In terms of welfare, thank goodness, because of sound economic management and difficult decisions, hundreds of thousands of people are off the welfare rolls in Ontario today compared to previously.

Also, hundreds of thousands of people are not paying Ontario income tax today, although they're still paying federal income tax. These are lower-wage earners who are trying to find a better way for themselves and for their families.

I would think the member opposite would support the policy of reducing the Ontario tax rolls to exclude them and would encourage the federal government to do the same thing.

HOSPITAL FUNDING

Mrs Lyn McLeod (Thunder Bay-Atikokan): My question is for the associate minister of health. You were asked earlier this afternoon by my leader about cuts to the obstetrical program at Queensway-Carleton Hospital in Ottawa. I want to make sure you know exactly what has happened here. Your government closed the Grace Hospital in Ottawa. When you closed the Grace Hospital, you transferred the women's health programs to Queensway-Carleton. Unfortunately, you didn't transfer enough money to Queensway-Carleton to keep the programs going. Queensway-Carleton has a \$1.8-million deficit. Your government has said to Queensway-Carleton: "You have to balance the budget. You're going to have to make some cuts." That is why Queensway-Carleton has made the decision to cut 600 deliveries. They have a birthing centre for 2,700 deliveries. They're cutting it back by 23%, almost one quarter.

Minister, no other hospital in Ottawa is able to take these 600 additional deliveries. I ask you the same question my leader asked earlier: where are the women in Ottawa who can't deliver their babies in an Ottawa hospital supposed to go?

Hon Helen Johns (Minister without Portfolio [Health and Long-Term Care]): Mr Speaker, as you're cognizant, I've already answered this question, but let me once again say that there will be no cuts in services, especially in the important services we're talking about today. What we have done is guaranteed there will be the

same kind of deliveries in the hospitals as there was in previous years. We have increased the funding at the Queensway-Carleton Hospital by \$12.8 million. We transferred some services not only to the Queensway-Carleton but also to the Ottawa Hospital, and funding has flowed with those transfers.

We intend to have women of this province serviced, to be able to have babies where they intend to have them. We intend to ensure there are patient services for all women in Ontario, and we will continue to do that.

PETITIONS

AUDIOLOGY SERVICES

Mr Rick Bartolucci (Sudbury): This petition is to the Legislative Assembly of Ontario, and it's entitled, "Listen: Our Hearing is Important!"

"Whereas services delisted by the Harris government now exceed \$100 million in total;

"Whereas Ontarians depend on audiologists for the provision of qualified hearing assessments and hearing aid prescriptions;

"Whereas the new Harris government policy will virtually eliminate access to publicly funded audiology assessments across vast regions of Ontario; and

"Whereas this new Harris government policy is virtually impossible to implement in underserved areas across Ontario," like northern Ontario, "and

"Whereas this policy will lengthen waiting lists for patients and therefore have a detrimental effect on the health of these Ontarians;

"Therefore, be it resolved that we, the undersigned," from Sudbury, Sault Ste Marie, Timmins, North Bay and Cochrane, "petition the Ontario Legislature to demand the Mike Harris government move immediately to permanently fund audiologists directly for the provision of audiology services."

I affix my signature to it and give it to Chadd, our page, to bring to the table.

1530

ADOPTION DISCLOSURE

Ms Marilyn Churley (Toronto-Danforth): I have petitions signed by about 2,418 people. I'll read the petition into the record.

"To the Legislative Assembly of Ontario:

"Whereas in Ontario, adopted adults are denied a right available to non-adoptees, that is, the unrestricted right to identifying information concerning their family of origin;

"Whereas Canada has ratified standards of civil and human rights in the Charter of Rights and Freedoms, the UN Declaration of Human Rights and the UN Convention on the Rights of the Child;

"Whereas these rights are denied to persons affected by the secrecy provisions in the adoption sections of the

Child and Family Services Act and other acts of the province of Ontario;

“Whereas research in other jurisdictions has demonstrated that disclosure does not cause harm, that access to such information is beneficial to adult adoptees, adoptive parents and birth parents, and that birth parents rarely requested or were promised anonymity;

“We, the undersigned, petition the Legislature of Ontario to enact revision of the Child and Family Services Act and other acts to permit adults adoptees unrestricted access to full personal identifying birth information; permit birth parents, grandparents and siblings access to the adopted person’s amended birth certificate when the adopted person reaches age 18; permit adoptive parents unrestricted access to identifying birth information of their minor children; allow adopted persons and birth relatives to file a contact veto restricting contact by the searching party; replace mandatory reunion counselling with optional counselling.”

I will affix my signature to this petition.

DOCTOR SHORTAGE

Mr John O’Toole (Durham): It’s my pleasure to present a petition to the Legislative Assembly on behalf of my constituents in the riding of Durham.

“Whereas the provincial Durham riding, including Clarington, Scugog township and portions of north and east Oshawa comprise one of the fastest-growing communities in Canada; and

“Whereas the residents of Durham riding are experiencing difficulty locating family physicians who are willing to accept new patients; and

“Whereas the good health of Durham riding residents depends on a long-term relationship with a family physician who can provide ongoing care; and

“Whereas the lack of family physicians puts unnecessary demands on walk-in clinics and emergency departments;

“We, the undersigned, respectfully petition the Legislative Assembly of Ontario as follows: that the government of Ontario will:

“Do everything within its power to immediately assess the needs of Durham riding and the Durham region and work with the Ontario Medical Association, the College of Physicians and Surgeons of Ontario, local health care providers and elected officials to ensure there are enough family physicians available to serve this community;

“Make every effort to recruit doctors to set up practices in underserved areas and provide suitable incentives that will encourage them to stay in these communities;

“Continue its efforts to increase the number of physicians being trained in Ontario medical schools and also continue its program to enable foreign-trained doctors to qualify in Ontario.”

I’m very pleased to support and sign this on behalf of my constituents in the province of Ontario.

LONDON HEALTH SCIENCES CENTRE

Mr Steve Peters (Elgin-Middlesex-London): I have petitions here from in excess of 3,500 residents of southwestern Ontario. These residents are petitioning the Legislative Assembly as follows:

“Whereas the London Health Sciences Centre is a world-class academic health centre serving people throughout southwestern Ontario; and

“Whereas the Ministry of Health has forced the London Health Sciences Centre to find \$17 million in annual savings by 2005; and

“Whereas the London Health Sciences Centre has agreed to cut 18 programs in order to satisfy directions from the Ministry of Health; and

“Whereas these cuts will put the health of the people,” like these 3,500, “of southwestern Ontario, and particularly children, at risk; and

“Whereas these cuts will worsen the continuing physician shortages in the region;

“Therefore ... we, the undersigned” 3,500 residents “petition the Ontario Legislature to demand that the Mike Harris government take immediate action to ensure that these important health services are maintained so that the health and safety of people throughout southwestern Ontario are not put at risk.”

Look at these numbers, Speaker.

OHIP SERVICES

Ms Shelley Martel (Nickel Belt): I have a petition addressed to the Legislative Assembly of Ontario. It reads as follows:

“Whereas the Harris government’s decision to delist hearing aid evaluation and re-evaluation from OHIP coverage will lead to untreated hearing loss; and

“Whereas these restrictions will cut off access to diagnostic hearing tests, especially in geographic regions of the province already experiencing difficulties due to shortages of specialty physicians; and

“Whereas OHIP will no longer cover the cost of miscellaneous therapeutic procedures, including physical therapy and therapeutic exercise; and

“Whereas services no longer covered by OHIP may include thermal therapy, ultrasound therapy, hydrotherapy, massage therapy, electrotherapy, magnetotherapy, nerve therapy stimulation and biofeedback; and

“Whereas one of the few publicly covered alternatives includes hospital outpatient clinics where waiting lists for such services are up to six months long; and

“Whereas delisting these services will have a detrimental effect on the health of all Ontarians, especially seniors, children, hearing-impaired people and industrial workers; and

“Whereas the government has already delisted \$100 million worth of OHIP services,

“Therefore, we, the undersigned, petition the Legislative Assembly of Ontario to immediately restore OHIP coverage for these delisted services.”

I agree with the petitioner, and I affix my signature to the petition as well.

HIGHWAY 407

Mr Raminder Gill (Bramalea-Gore-Malton-Springdale): It's my pleasure to present this petition to the Legislative Assembly of Ontario:

"Whereas the province of Ontario has proposed the extension of Highway 407 into the Durham region, and the proposed route, designated as the technically preferred route, will dissect the property of Kedron Dells Golf Course Ltd Oshawa,

"Whereas such routing will destroy completely five holes, and severely impact two additional holes, effectively destroying the golf course as a viable and vibrant public golf course,

"We, the undersigned, respectfully petition the Legislative Assembly of Ontario to change this routing to one of the other identified alternate routes, thus preserving this highly regarded public facility patronized annually by thousands of residents" of Durham region and the GTA."

LONDON HEALTH SCIENCES CENTRE

Mr Bruce Crozier (Essex): I have a petition addressed to the Legislative Assembly of Ontario which reads as follows:

"Whereas the London Health Sciences Centre is a world-class academic health sciences centre serving people throughout southwestern Ontario; and

"Whereas the Ministry of Health has forced the London Health Sciences Centre to find \$17 million in annual savings by 2005; and

"Whereas the London Health Sciences Centre has agreed to cut 18 programs in order to satisfy directions from the provincial Ministry of Health; and

"Whereas these cuts will put the health of the people of southwestern Ontario, and particularly the children..., at risk; and

"Whereas these cuts will diminish the London Health Sciences Centre's standing as a regional health care resource; and

"Whereas these cuts will worsen the continuing physician shortages in the region;

"Therefore, be it resolved that we, the undersigned, petition the Ontario Legislature to demand that the Mike Harris government take immediate action to ensure that these important health services are maintained so that the health and safety of people throughout southwestern Ontario are not put at risk."

In support, I affix my signature.

Mrs Lyn McLeod (Thunder Bay-Atikokan): I have a petition to the Legislative Assembly of Ontario.

"Whereas the London Health Sciences Centre is a world-class academic health sciences centre serving people throughout southwestern Ontario; and

"Whereas the Ministry of Health has forced the London Health Sciences Centre to find \$17 million in annual savings by 2005; and

"Whereas the London Health Sciences Centre has agreed to cut 18 programs in order to satisfy directions from the provincial Ministry of Health; and

"Whereas these cuts will put the health of the people of southwestern Ontario, and particularly the children..., at risk; and

"Whereas these cuts will diminish the London Health Sciences Centre's standing as a regional health care resource; and

"Whereas these cuts will worsen the continuing physician shortages in the region;

"Therefore, be it resolved that we, the undersigned, petition the Ontario Legislature to demand that the Mike Harris government take immediate action to ensure that these important health services are maintained so that the health and safety of people throughout southwestern Ontario are not put at risk."

This is signed by a number of constituents from southwestern Ontario. I sign my signature in full agreement with their concerns.

CRUELTY TO ANIMALS

Mrs Marie Bountrogianni (Hamilton Mountain): I am pleased to present this petition on behalf of citizens from Burlington, Stouffville, Hamilton, Mississauga and Maple.

"To the provincial Legislature of Ontario:

"Whereas puppy mills and other cruel animal breeding activities are unregulated and unlicensed in the province of Ontario;

"Whereas the Ontario SPCA needs more power to inspect and control animal kennels or breeders;

"Whereas Ontario consumers have no way of knowing if the animals they purchase as pets have been abused;

"Whereas there are no provincial penalties to punish people guilty of abusing animals that are bred and sold to unsuspecting consumers;

"We, the undersigned, petition the Legislature of Ontario as follows:

"That the province of Ontario pass legislation that outlaws puppy mills and other cruel animal breeding activities and that strengthens the powers of the Ontario SPCA to establish a provincial registry of kennels and breeders subject to SPCA inspection, and to allow the SPCA to impose fines and jail terms on those found guilty of perpetrating cruelty to animals for the purpose of selling these animals to an unsuspecting public."

I sign this petition as well.

1540

AUDIOLOGY SERVICES

Mr Dave Levac (Brant): This petition comes to me from communities like Brantford, Fenelon Falls, Burnt River, Sturgeon Falls, Lindsay, Kawartha, Oakwood,

Mount Forest and others, and it's to the Legislative Assembly of Ontario.

"Listen: Our Hearing is Important!

"Whereas services delisted by the Harris government now exceed \$100 million in total;

"Whereas Ontarians depend on audiologists for the provision of qualified hearing assessments and hearing aid prescriptions;

"Whereas the new Harris government policy will virtually eliminate access to publicly funded audiology assessments across vast regions of Ontario;

"Whereas this new Harris government policy is virtually impossible to implement in underserved areas across Ontario;

"Whereas this policy will lengthen waiting lists for patients and therefore have a detrimental effect on the health of these Ontarians;

"Therefore, be it resolved that we, the undersigned, petition the Ontario Legislature to demand the Mike Harris government move immediately to permanently fund audiologists directly for the provision of audiology services."

I sign my name to this petition and give this petition to Katherine, our page.

PROTECTION OF MINORS

Mr Ted McMeekin (Ancaster-Dundas-Flamborough-Aldershot): I have a petition to the Legislative Assembly of Ontario.

"Whereas children are being exposed to sexually explicit materials in many commercial establishments; and

"Whereas many municipalities do not have bylaws in place to protect minors and those that do vary from place to place and have failed to protect minors from unwanted exposure to sexually explicit materials;

"Whereas uniform standards are needed in Ontario that would make it illegal to sell, rent, loan or display sexually explicit materials to minors;

"We, the undersigned, petition the Legislative Assembly of Ontario as follows:

"To pass Bill 95 (Protection of Minors from Sexually Explicit Goods and Services Act, 2001) as soon as possible."

I'm pleased to affix my signature to that as well.

CRUELTY TO ANIMALS

Mr Raminder Gill (Bramalea-Gore-Malton-Springdale): I have a petition to the Legislative Assembly of Ontario.

"Whereas the Criminal Code of Canada considers animal cruelty to be a property offence; and

"Whereas those who commit crimes against animals currently face light sentences upon conviction; and

"Whereas those who operate puppy mills should, upon conviction, face sentences that are appropriate for the

torture and inhumane treatment they have inflicted on puppies under their so-called care;

"Therefore, we, the undersigned, petition the Legislative Assembly of Ontario as follows:

"That the Ontario provincial government petition the federal government to move forward with amendments to the cruelty of animal provisions in the Criminal Code as soon as possible."

LONDON HEALTH SCIENCES CENTRE

Mr Monte Kwinter (York Centre): I have a petition to the Legislative Assembly of Ontario.

"Whereas the London Health Sciences Centre is a world-class academic health sciences centre serving people throughout southwestern Ontario; and

"Whereas the Ministry of Health has forced the London Health Sciences Centre to find \$17 million in annual savings by 2005; and

"Whereas the London Health Sciences Centre has agreed to cut 18 programs in order to satisfy directions from the provincial Ministry of Health; and

"Whereas these cuts will put the health of the people of southwestern Ontario, and particularly children, at risk; and

"Whereas these cuts will diminish the London Health Sciences Centre's standing as a regional health care resource; and

"Whereas these cuts will worsen the continuing physician shortages in the region;

"Therefore, be it resolved that we, the undersigned, petition the Ontario Legislature to demand that the Mike Harris government take immediate action to ensure that these important health services are maintained so that the health and safety of people throughout southwestern Ontario are not put at risk."

ROYAL ASSENT

SANCTION ROYALE

The Speaker (Hon Gary Carr): I beg to inform the House that in the name of Her Majesty the Queen, the Lieutenant Governor's Administrator has been pleased to assent to certain bills in his office.

Clerk at the Table (Ms Lisa Freedman): The following are the titles of the bills to which His Honour did assent:

Bill 56, An Act to encourage the revitalization of contaminated land and to make other amendments relating to environmental matters / Projet de loi 56, Loi visant à encourager la revitalisation des terrains contaminés et apportant d'autres modifications se rapportant à des questions environnementales.

Bill 65, An Act to permit the Minister of Transportation to delegate to persons in the private sector powers and duties and responsibilities to deliver services relating to road user programs / Projet de loi 65, Loi permettant au ministre des Transports de déléguer à des personnes

du secteur privé des pouvoirs, des fonctions et des responsabilités pour fournir des services liés aux programmes à l'intention des usagers de la route.

Bill Pr23, An Act to revive 1205458 Ontario Ltd.

The Speaker: Orders of the day.

Clerk at the Table: Opposition day number 3, Mr McGuinty.

Mr Gilles Bisson (Timmins-James Bay): On a point of order, Mr Speaker: Doesn't the government itself have to move what the orders of the day are normally?

The Speaker: It's an opposition day, so the table reads it and then the member will proceed.

OPPOSITION DAY

LONDON HEALTH SCIENCES CENTRE

Mr Dalton McGuinty (Leader of the Opposition): I move the following opposition day motion:

That the Ontario Legislative Assembly calls on the Conservative government to keep its specific campaign promise to working families across southwestern Ontario by maintaining and protecting the specialized pediatric and other specialty programs now at risk at the London Health Sciences Centre.

The Speaker (Hon Gary Carr): Mr McGuinty has moved that the Ontario Legislative Assembly calls on the Conservative government to keep its specific campaign promise to working families across southwestern Ontario by maintaining and protecting the specialized pediatric and other specialty programs now at risk at the London Health Sciences Centre.

1550

Mr McGuinty: I am pleased to—"pleased" is not the right word; I wish we didn't have to do this. The government made a specific promise prior to the time of the last election and it appeared in the newspaper. There was a specific commitment that these programs would not be cut. The minister and the members of the government, particularly those in the London area, were aware of just how heavily this weighed on the minds of the families, and parents in particular, living in London and southwestern Ontario. There has been much debate on this issue and many questions raised by members of my caucus, but it was all brought home to me in a very meaningful way when I had the opportunity to visit London and meet with a group of parents.

One of the young fathers there, as he put it to me, had been informed that he was not going to be allowed to touch—literally touch—his very young infant child who was in intensive care because to touch the child, to carry the child, to hold the child, would be too traumatic an experience for this young infant, this fragile infant. As he put it to me, he said, "If I can't hold my child, why is the government proposing to transport my baby, either by helicopter or by fixed-wing aircraft or by ambulance, to the city of Toronto?" Of course that's a very important

question, and it touches on so many aspects of why this issue is so important.

We're talking about, when it comes to these pediatric programs, ensuring that children who are born into this world who are struggling to overcome some condition, which is already a tremendous burden on the family, a burden which they accept out of love and assume every responsibility for—the question then becomes, why wouldn't the government help those families in the way that it has in the past? The people of London aren't asking for anything more here. They're not asking for frills or additional benefits. They're simply asking for maintenance of programs that had been there in the past and that this government specifically promised would remain there into the future.

A London Free Press story was published March 24, 1999, and the headline read, "Children's Hospital Won't Lose Cardiac, Transplant Services." The minister is quoted in the story as saying, "It's our intent to continue to ensure those programs are provided through London Health Sciences Centre, both now and in the future." The minister concluded by saying the hospital made "a very compelling case" for keeping the programs in London.

I want to underline those words used by the minister. The minister said the services would be provided "both now and in the future." It seems to me that kind of wording constitutes an ironclad promise, and parents and families in the London area and southwestern Ontario were entitled to rely on that promise. Surely many of them did rely on that promise when they cast their ballots at the time of the last election. They fully believed and expected that this government would honour its commitment, knowing that this was not some kind of frill, that this had to do with the health and well-being of families and, more specifically, children who are born into this world who are struggling to overcome some condition or other.

Now, that was then. It saddens me to tell you, and to remind government members in particular, that that promise was broken. The London Health Sciences Centre has recently announced that its entire pediatric cardiac program is slated for the chopping block. It's on the chopping block as part of a hospital plan to cut 18 programs due to lack of funding. Government members may argue somehow that the board of directors acted of their own free will, but it would be pure fiction to believe—to intimate, even—that somehow those responsible for the finances of the hospital in London had a free hand in lending direction to their future and the viability of their programs as they themselves would deem fit.

I can understand that this puts some members of the government who represent London area ridings in an understandably difficult position. It was just prior to the last election that a specific commitment was made by the then Minister of Health, who said these programs would not be cut. A promise was made and a specific promise was indeed broken. I'm sure in large measure these London area members owe their very seats to this promise.

You might ask, are these members today offering apologies? Are these members pledging to fight to fulfill this promise made to the families of London and the southwestern Ontario area? Again I'm saddened to report that the answer to both those questions is a decided no.

The member for London West has had the temerity to defend the \$2 million in program cuts. He's had the temerity to say that indeed these cuts will somehow enhance hospital services. As reported recently in the London Free Press, the member for London West has had the temerity to say that the working families of London and others who have argued against the cuts "don't know what they are talking about." That's a direct quote. The member for London West said that they "don't know what they are talking about." He has also gone on to say that "circumstances change." Well, circumstances do indeed change. Prior to the time of the last election, there was a specific campaign commitment upon which voters in those communities relied.

Unlike the member for London West, I believe the working families of London and southwestern Ontario do indeed know exactly what they are talking about. Families in London and in southwestern Ontario know what a promise is. They know what giving your word is. They know what a campaign commitment is and they know what it is when a government fails to honour that commitment. They know what it is when a government breaks its promise. Families know that the present government was, it's sad to say, playing politics with their health.

I want to tell you that we believe in doing things a little differently. We believe that people have to come ahead of politics. I believe that the former Minister of Health was absolutely right in 1999 to promise never to cut those services. In fact, as I recall the article and her comments, not only did she say that she would not cut those programs, she went on at some length to describe how there was excellence to be found in those very same programs and that, if anything, she should look at providing additional resources to support those programs. That's how far the Minister of Health then went. I believe the former Minister of Health was right in 1999, and I believe the government was wrong in 2001 when it cut funding for these same services, breaking a promise it said that it would never, ever break.

So with this motion, what I am doing is calling on the government to simply restore funding for these vital programs for the benefit of London and southwestern Ontario's families. I'm simply calling on the government to keep its promise, honour its commitment. I hope that the government members, if they have taken the opportunity to meet with the parents and talk to the nurses and talk to the physicians, gain an understanding of how hard it will be to restore these programs. When doctors move off to other provinces or if they move off south of the border, it will become a very difficult undertaking to restore these programs; it will never be easy to restore these programs. That's why it's so important that we together fight to save these programs now, that we

together urge government members to simply honour a campaign commitment that had been delivered just before the last provincial election. So I'm calling on the members of the government especially, and particularly the member for London West, to do the right thing and support this motion so that these vital services in this community can be preserved. As well, I urge all members of this House to support this motion so that these vital health services can be preserved for the benefit of the working families of London and southwestern Ontario.

The Deputy Speaker (Mr David Christopherson): Further debate?

Mr Bob Wood (London West): As members of the House will be aware, the sizing and scoping exercise at the London Health Sciences Centre appears to have actually quite wide support, with the exception of the recommendations re pediatric cardiac care: 17 out of 18 recommendations have basically been very widely accepted.

On the question of pediatric cardiac care, there appear to be two different opinions, both credible. One holds that a correct interpretation of the research shows that there are insufficient surgeries in London to support that program in London. That was the conclusion of the sizing and scoping. The other view holds that a correct interpretation of the research shows that there are in fact enough procedures being done in London to support pediatric cardiac care here. The research is of course based on what is needed to produce the best clinical outcomes, in other words, the best health for the people of southwestern Ontario.

I believe that the London Health Sciences Centre and the Ministry of Health must analyze these two points of view, determine which is correct and then act accordingly. I'd like to keep pediatric cardiac care in London if that can be done and achieve the best possible clinical outcomes. I also believe, however, that the care we offer to the people of London and our region must result in the best possible clinical outcomes. Surely we owe that to the children of our region.

1600

This resolution has merit, but it's also flawed. I can't vote for it as it stands because of those flaws, which I'm going to note in a moment, but I would be prepared to vote for it if it were properly amended to address those flaws. I favour keeping as many services as possible at the London Health Sciences Centre consistent with the best possible health results for patients. I'm going to suggest a resolution that I think takes into account that concern and would indeed put this House on record as calling for the best possible health results for all the people of our region. I invite the Leader of the Opposition, in the unlikely event he may be listening to this, to ask for the unanimous consent of the House to withdraw his resolution and present this resolution to the House.

The resolution is as follows—

Interjections.

Mr Wood: Some may find this humorous, but this is not a humorous issue for the people of this region. Those from other regions—

The Deputy Speaker: Stop the clock. Take your seat, please. I realize this is a very emotional issue. Both sides of the House were fairly good when the leader of the official opposition was speaking. I would ask you to show the same respect to the member for London West. I'm sorry for the interruption. Please continue.

Mr Wood: There appear to be some in the opposition who find this to be a humorous issue. I'd invite them to come down to London and find out if there are any people in the London area who think there's anything funny about this issue.

What I would, however, like to do is invite the Leader of the Opposition—

Mr John Gerretsen (Kingston and the Islands): Mr Speaker, on a point of order—

The Deputy Speaker: Member take his seat, please. The Chair recognizes the member for Kingston and the Islands on a point of order.

Mr Gerretsen: The member just made an accusation that members on this side of the House find the issue funny. If we found it funny, we wouldn't have brought the opposition day motion that we did today.

The Deputy Speaker: That is not a point of order. Take your seat, please.

The member for London West, please continue.

Mr Wood: Thank you. I invite the Leader of the Opposition to listen to this and see whether or not he might be prepared to withdraw his resolution and substitute this one:

"The Ontario Legislative Assembly calls on the Conservative government to keep its specific campaign promise to working families across southwestern Ontario by evaluating additional information, listening to concerns being raised, doing the right thing for patients by providing the best possible health results and by maintaining and protecting the specialized pediatric and other specialty programs now at risk at the London Health Sciences Centre, provided that such programs can be maintained while achieving the best possible health care."

I'll send that over to the health critic for the official opposition so she has a copy of that.

What I would like to invite my friends on all sides of this House to do is to consider this very serious issue on its merits. The merits are that in order to achieve the best possible health outcomes for the people of southwestern Ontario, we have to look at the research. Most health services can be provided in our region, and all that can be with the best possible outcomes should be. There are going to be some small number—and it's conceded by everyone at the London Health Sciences Centre that there are certain procedures that we don't have enough volume to do and shouldn't be doing.

I invite, however, all members of this House to commit themselves to the proposition that we are going

to provide the best possible health care, the best possible health outcomes to all the people of London and its region by considering the research and applying the research. That's what the Ministry of Health has been trying to do, that's what the London Health Sciences Centre is trying to do, and I invite all members of the House to go on record today as supporting that proposition and therefore supporting the best possible health care for the people of London and the region.

I hope that the Leader of the Opposition will accept my invitation and will ask for unanimous consent, which I will certainly support, to put an amended resolution before the House, an amended resolution along the lines of what I outlined a couple of minutes ago. It will certainly attract my support, and I think it would attract virtually unanimous support throughout this House. I invite him to do that—

Mr David Caplan (Don Valley East): On a point of order, Mr Speaker: Did the member just move a unanimous consent motion for this House to consider?

The Deputy Speaker: He was hoping somebody else would. Please take your seat.

Please continue.

Mr Wood: To clarify that for the member for Don Valley East, the Leader of the Opposition has a resolution before this House. I'm inviting him to withdraw that resolution and substitute the one that I have proposed. Were it in order, I would move an amendment to that resolution. The standing orders of the House do not permit me to do that, so I have to issue the invitation I just did to the Leader of the Opposition. That's the only way procedurally that this matter can be dealt with. I invite the Leader of the Opposition to consider this. I think that if he lays the politics aside and considers this on its merits, he will find the amended resolution to be sound and one that can be to the benefit of the people of both southwestern Ontario and the province as a whole.

On that note, I will send this resolution over to the health critic, and I invite all members of the House to consider the possibility of an amended resolution.

Mrs Lyn McLeod (Thunder Bay-Atikokan): I find it absolutely incredible that we have to come into this Legislature with an opposition motion to ask this government to take the health care needs of the people of southwestern Ontario seriously. I find it incredible that we have to be here because of a promise this government made specifically to the London Health Sciences Centre that these programs deserve their support now and in the future and would be maintained now and in the future. I find incredible the kinds of excuses the members for the London area are offering as a reason for not supporting a motion that calls on all members of this House to be concerned about adequate hospital and health care services to the people of the southwest.

The member for London West wants to talk about clinical outcomes. I suggest that clinical outcomes at the London Health Sciences Centre were never called into question until they were needed as a defence by members of the government for not standing up for the needed

health care services and programs for people in south-western Ontario.

The member for London-Fanshawe suggested this motion is something he can't support because he doesn't see it as being particularly significant. What could be more significant than saying to the people of south-western Ontario that you, as a government, are prepared to have some sense of responsibility and to maintain and support the pediatric programs and other specialty programs at the London Health Sciences Centre?

Then there was the member for London North Centre, who suggested this would be counterproductive, that it's about politics and making the government look bad. This government has broken its promise to the people of southwestern Ontario, it has compromised health care in southwestern Ontario, it has put at risk the lives of sick children and it has refused to take any responsibility for its actions and its cuts to hospitals. We don't need an opposition day motion to make this government look bad when it comes to health care or the services in southwestern Ontario.

I want to make it absolutely clear that this motion is not directed at the board of the London Health Sciences Centre. The board of the London Health Sciences Centre, like the boards of hospitals across this province, has been put in a completely untenable position by the fiscal funding policies of this government when it comes to hospital services and health care in general. The London Health Sciences Centre board had to cut. They've got a deficit of about \$60 million, and they're not alone.

As we speak, at least one third of the hospitals across this province have deficits. One third of those hospitals have deficits and have been told by this government that they have to make cuts. They've been told by this government: "Don't talk to us about not having enough money to maintain essential programs. Don't talk to us about what the cuts are going to mean to people you serve in your communities. Just balance your budget. Make the cuts. You make the decision." Every hospital with a deficit has been left on its own, just as the London Health Sciences Centre has been left on its own.

They had to cut \$17 million by government order. If any member of this House wants to pretend that this cut in London, that these 18 programs being cut have to do with anything other than having to follow this government's orders to take \$17 million out of its budget by the year 2005, then they are buying a line of rationalization. Maybe that's not the term we're using any more. The new term is "scoping out." That's the fancy, trendy term the London Health Sciences Centre has been told to use to try to rationalize the cutting of 18 essential programs.

At least the government hasn't used its standard line. They've advanced some new language. They're not using the standard line: "It must be inefficiency. The hospital must be inefficient." I guess the reason they're not using that line is because they said that about the Hamilton Health Sciences Centre. Many of my colleagues will remember that. Two years ago, the Hamilton Health Sciences Centre had a deficit of \$42 million thanks to the

cuts this government had made to hospital funding and thanks to the chaos of the government's restructuring process for hospitals. They had a \$42-million deficit.

1610

Mr Speaker, you will remember well that the government said: "It must be an inefficient hospital board. They're just not planning properly. They're not prepared to deal with the realities of providing responsible health care." So the government took over; they sent in their own administrator. And what did the government do in the name of efficiency, perhaps in the name of effective clinical outcomes? They gave Hamilton Health Sciences Centre—and we're grateful for this—\$42 million.

I guess they decided they couldn't follow that particular pattern, so they've tightened up; they're running a tighter ship now. So when the hospitals have deficits, they don't want to talk to the hospitals about why the deficits exist. They just want to tell the hospitals to make the cuts, or else.

Ottawa Hospital, you will know, is facing something similar. I'm not sure the government was quite ready to take on the problems and the chaos they've created in the hospital in Ottawa; in fact, in the hospitals in Ottawa.

Talk about hospitals being left on their own. It's not just the London Health Sciences Centre. Queensway-Carleton, which we raised in the Legislature this afternoon, was left on its own to decide how to deal with a much smaller deficit, \$1.8 million. Their decision was to cut women's health programs in obstetrics, not because they wanted to but because hospital boards like the London Health Sciences Centre board are being put in a completely impossible position by a government that won't provide adequate funding and won't take any responsibility for really looking at the most effective way of delivering health programs across the province.

If this government had actually done what their members claim the government is doing, if this were part of a plan, then there might at least be some ability to discuss whether this is going to—I'll use the words of the member for London West—"enhance patient care." But the government has had no part in the decisions that are being made. Their answer, their response, when asked about the cutting of programs at the London Health Sciences Centre was to say: "It's part of a plan. It has been coordinated. No patients will be left without services." We know that in fact there was no plan, there was no coordination. These were decisions made by the London Health Sciences Centre board because they had to make the budget cuts. They weren't done in consultation with the Hamilton Health Sciences Centre; they weren't done in consultation with Toronto.

If you want an example of the proof of that, look at the fact that one of the programs being cut is the burn program at the London Health Sciences Centre. If anybody was looking at whether there are adequate numbers of beds to deal with severe burn cases, they might want to reflect on the very tragic story last summer about the woman from Kincardine who suffered serious burns. They couldn't find a bed for her anywhere—not in

London, not in Toronto, not in Hamilton. She had to be airlifted to the United States and unfortunately did not make that trip successfully.

If you want something more recent, go to Hamilton, where they were not able to care for burn patients from the Hamilton region, who had to be sent to the United States. In the face of that kind of evidence that we don't have enough beds to provide for intensive burn patients now, the decision at the London Health Sciences Centre is to cut out their burn program, and the minister's response is to say: "This is all part of a plan. Every patient will be able to receive those services elsewhere." I suggest there is no plan, there is no assurance that patients are going to be able to receive those services elsewhere. All the evidence says exactly the opposite is the case.

I would make the case that this is true for every hospital in this province facing a deficit. What this government does is simply stand back and say: "It's your responsibility. All we take responsibility for is giving you the money." In fact—and I don't want to get on to that—two weeks ago they announced \$161 million as if this was new money to solve the hospital's funding programs. It isn't new money; it's part of what they got last year, re-announced—a complete lack of responsibility on the part of this government.

The physicians who headed up these programs have said, "There was no consultation with us." Not only was there no consultation with hospitals that presumably were going to be providing those services the London Health Sciences Centre is cutting, but there was not even consultation with the heads of the departments providing the services. Heads of departments read about their programs being cut in the newspaper. What kind of consultation process is that? For any members of this government to suggest these cuts were done in the interests of patients and with an assurance that adequate patient care would be provided for the people of southwestern Ontario is simply not factually the case, and it is the height of irresponsibility to use that as a defence for what is really the slashing of essentially needed programs serving the people not only of London but of all of southwestern Ontario.

Mr Frank Mazzilli (London-Fanshawe): I'm certainly privileged to stand and speak to this motion today. An amendment, I'm sure, will be moved at some point, adding what my colleague from London West said—"maintaining while achieving the best possible health care"—to that motion.

This issue started approximately a month ago, and I know it's probably the most difficult issue I've had to deal with as an elected member of this Legislature. The reason it's been the most difficult issue is that when the hospital made this decision—if it were about money, I can assure you, all three members from London would have been standing and screaming. But something caused me to stand back for a moment, and it was when a regional coroner came out with his findings. I, in this lifetime in this Legislature and in my previous lifetime,

have never seen a regional coroner come out and support either a hospital decision or a government decision of any sort. And those findings that the regional coroner based his decision on were, quite frankly, ugly. He spoke about three deaths in London during some procedures.

I can only tell you that, in good conscience, the one thing I will always say, it's a good thing that members of this Legislature do not run hospitals. Obviously, we pay hospital administrators very good money right across this province to provide information to their boards, and we as elected members can only make the best decision possible on what's given to us by both administrators and hospital boards. At some point, some of that information may cause you to stand back and get to the truth.

What puzzles me still to this day about this issue is that on the one hand you have the regional coroner and the Ministry of Health saying that clinical outcomes—let's be frank: mortality rates are disturbing. If I am supposed to fight to keep a service in London that has a mortality rate that's twice as high as someone else, how in good conscience can I do that?

Then, on the other hand, you speak to Dr Frewen and you will get another set of facts. Then I say, in that case, if it is just two procedures, we ought to retain the other 33 procedures. Then you go back and you get, "Well, if you can't do these two right, and it's probably 20 procedures you can't do right, then it causes concern for the entire program again," which leads me to my next point, no matter what mortality rates are. If children cannot be transported safely, that causes concern, even if you have a mortality rate—say that is the case, twice as high. Let's just assume that's the case, because that's what we're being told.

Now we have the issue of, would the mortality rate be 100% if we had to do transportation? I don't know that, and I haven't heard anyone who can tell me that. These are facts about which I think, rather than playing politics, we on both sides of this Legislature need to know. If in fact Sick Kids has a program that is second to none, can we safely transport our kids, whether it's from Ottawa or London, to Sick Kids, keeping their success rates? Can we do that? That's an answer that I am certainly looking forward to in the future.

The other thing that concerns me about the scope of this entire thing is, at no time have I ever heard from the London Health Sciences Centre board that this is about money. It was basically the report, complaints on mortality rates from parents, that led the regional coroner to get into an investigation that came out with some findings. He may be wrong, as we're hearing from some people. That is what the job of this Legislature should be: to get to the bottom of it. What information did the regional coroner get to base his findings on? If he's right, we also need to know. If he's right, I as a parent want to know before one of my kids undergoes any type of surgery like that in London; I know my neighbours' kids would want to know and all of my constituents would want to know. If he's wrong, we also want to know that.

1620

But let's talk, because as politics becomes politics, it's always about money. The London Health Sciences budget was increased by 25% since 1998-99. At that time it stood at \$276.6 million, and has gone to \$346.2 million in this fiscal year, 2001-02. In fact, if you look at the one-time funding, which is the deficit, as we've heard, it's gone up 29% from 1998-99, from \$294.3 million to \$380 million in base funding. That's with the \$60 million or so that we call the deficit. At no time has the board said that this is about money. In politics—how you get a 30% increase and you call it a cut is beyond my expertise of comprehension.

The one thing I know is that, as this Legislature, if we don't get to the bottom of it—if you look at London Health Sciences, they've recruited some 78 physicians in the last two years, and this type of debate where people's professional credibility comes into question certainly doesn't help an institution like the London Health Sciences retain the expertise they have and the people they've retained. Let me just go over some of the 78 physicians that they've successfully recruited to our area in the last couple of years: five clinical neuroscience specialists, nine radiologists, five obstetricians, five emergency medicine specialists, 11 surgeons, five anaesthetists, eight oncologists, eight pediatric specialists, three family medicine specialists, four psychiatrists, eight general medicine physicians and seven pathologists. When you look at that list of specialists—we hear all across this province, and in fact all across this country, that there are shortages of specialists everywhere; I'd be the first one to acknowledge that. We in London have the same challenges that many others have, but we're probably a little bit more blessed than others when it comes to retaining and recruiting. The member from Timmins would know that and he would look at a place like London and say, "You're rather lucky." Yes, we are.

Again, at the end of this debate, what I'd like to see— if this is about the members for London West, London North Centre and London-Fanshawe fighting for more money, then we will do that on behalf of our constituents. We will do that. But before we can do any of that, we also need to get the facts out on the table. Some of the physicians are questioning the outcomes of the regional coroner's investigation. That needs to be dealt with, because in good conscience we cannot face any of the parents. I asked the opposition leader: did he speak to any of the three parents whose children died under those surgeries? Did he speak to them? What input did they have? They're the ones who made the complaints to the regional coroner. These are things that we need to know. I certainly need to know, and before this Legislature can come up with any decisions based on this, I think we deserve those answers.

Further, one thing I did say is that this motion really is void, and I'll tell you why it's void: when the minister came to London a couple of weeks ago, we set meetings up with Dr Frewen, who certainly wanted to explain his version of events in his professional opinion, along with

some concerned parents. I'm glad the minister took time to sit down with Dr Frewen. He certainly got a different perspective than what he had been told, and is in the process of ordering his ministry to look at pediatric services and how they are delivered.

The other thing we heard from Dr Frewen and others, that I had heard for some time, is how specialists are funded, particularly in areas where there is a teaching component. As you would know, Mr Speaker, in Toronto and Ottawa there is a funding formula that puts London at a disadvantage. I was happy to hear that the minister had worked out, or is in the process of dotting the i's and crossing the t's, a similar agreement for London. Thereby we're able to keep our specialists and recruit more specialists.

As this issue unfolds in our community, I want people in my constituency to know that this is about money. The members for London West, London North Centre and London-Fanshawe will be there fighting for more money. But at the same time, we need to get down to the bottom of these mortality rates, and I think we all deserve to know the truth.

Hon Dianne Cunningham (Minister of Training, Colleges and Universities, minister responsible for women's issues): We in the London community are extremely proud of the London Health Sciences Centre. It's one of the most important teaching hospitals in North America. It's a hospital that many of us have grown over a long period of time. It enjoys the support of our city council and of our citizens. We've been able to raise the money we've needed, whether we're looking at MRIs or pediatric health services, or whether we were looking at, in the good old days, machines we don't even talk about now. But we know most of all that we're proud of the quality of care that our young people receive, as well as people who come from outside of London and sometimes across this great country. We do intend to keep it that way.

At this time, Mr Speaker, I think you will know as well as others that governments across this country, in all provinces and territories, are pretty challenged when it comes to spending on health care. Our government has increased health care spending every single year, and that shows up in the numbers at the London Health Sciences Centre as well as anywhere else, which I will speak to.

I do know there has been a level of government that has reduced funding to the provinces and the territories, and that is the federal government. People may think this is about bashing and don't want to listen to excuses, but we have increased the number of dollars we have spent. If you take a look at the base services, the budget since 1998-99 in London, it has increased some 20%. If you take a look at other ways of looking at that budget, new spending has increased by some 14%. They say in fact total funding for the London Health Sciences Centre is up 14% since 1998-99. The two numbers I have are \$333.4 million, up to \$380.5 million.

Across the country hospitals do have to present themselves with regard to accountability. In this regard,

the London Health Sciences Centre did have to respond to a comprehensive review—I'm using their words—"of our clinical and academic enterprise." They did that as a response to a review of their own operations, an operational review. They have to do everything possible to make sure, number one, the programs that are provided relate to patient care. This new money that has been provided for people in our hospitals is mainly for patient care. This is a challenge, I know, because when you have experts who are interested not only in health care delivery but in new technology, it must be very difficult and very competitive.

1630

Last week I was at St Joseph's Hospital, their annual dinner, where they were raising money. We forget sometimes, during these kinds of debates at our Legislative Assembly and sometimes in our own communities and by our own media, about the great success stories that are evolving as we speak. One of the great videos that I have seen at St Joseph's Hospital—and we have the same with regard to our regional cancer clinic; we have the same for the London Health Sciences Centre; we have the same for our children's hospital. We tell good stories, but this particular evening we were treated to the story of a young woman who had had some surgery on her eyes along with technology. For the first time, at age 27, she saw her father. That's wonderful medicine in Canada, and in London.

We were also treated to the story of a gentleman who, I believe, was in his fifties. As you know, St Joseph's Hospital in London—

Mr Gilles Bisson (Timmins-James Bay): On a point of order, Mr Speaker: There is no quorum in the House.

The Deputy Speaker: Clerk, can you check if there's a quorum, please?

Clerk Assistant (Ms Deborah Deller): Quorum is not present, Speaker.

The Deputy Speaker ordered the bells rung.

Clerk Assistant: Quorum is now present, Speaker.

The Deputy Speaker: The Minister for Training, Colleges and Universities may resume her debate.

Hon Mrs Cunningham: Mr Speaker, I just lost a couple of minutes. I guess it's our problem, but I think this is an important debate. It's all part of the political process in this House. I know people who are watching this will know that every once in a while these things happen. But that's what this debate is about today: politics.

I will say that the second story I was about to tell was about a gentleman in his fifties who has had kidney stones for many years of his life. Some of the first great technology to do with getting rid of these kidney stones was developed at St Joseph's Hospital. If it hadn't been for that technology, this gentleman probably would have been subjected to many surgeries over a long period of time. His story was that he just had three little holes in his side with a scope, along with the technology that allows him to have a better quality of life.

The last story was because of our new clinic to deal with challenges with the limb and the hand. The surgery that was done there by people who were reconstructing the knuckles of a lady who had not been able to brush her hair for some 15 years was a lovely story. All of us are very proud of what we can do.

The great challenge, I think, in Ontario is not only having the amount of money for the traditional health care in our hospitals, for the new critical care units that we have in our London children's hospital, but also for the technology that goes along with the surgery to improve the quality of life—in fact, save lives of many of our people in Ontario and across the country.

So today our reputation in London is at stake, in the sense that this story, as it has unfolded, was subjected to one of the political processes and political challenges that face difficult decision-making. That is why we are having an opposition day debate today.

I was in opposition; I look at my colleague across the way. This one is called opposition day number 3. This motion is meant to embarrass the government. It would be very unusual for a government to support an opposition day motion, but sometimes people who put forward these motions will work with the government members and get a motion that in fact we could support.

In this case, my disappointment when I read this motion some time on Friday was that the word "patient" is not in this motion. This motion is about politics; it is not about patients. However, today my colleague from London West offered that the government of the day at some time during this debate would add some words to this motion. The motion now reads:

"The Ontario Legislative Assembly calls on the Conservative government to keep its specific campaign promise to working families across southwestern Ontario by maintaining and protecting the specialized pediatric and other specialty programs now at risk at the London Health Sciences Centre."

Having looked at the 20/20 vision of the Liberals, it didn't mention the London Health Sciences Centre; it didn't mention southwestern Ontario. Having looked at our program—I call it the Common Sense Revolution II—it didn't mention this at all. So it doesn't really matter. This is really politics and you just say what you like, whether it's true or not. They did say that the Minister of Health said this at some time during the campaign, but everybody knows that during a campaign there was a red book and there was a Conservative book—call it the blue book—and that's the campaign promise. But it doesn't really matter because this is aimed to embarrass the government. Do you know what it does at the same time? It embarrasses my community, because we are used to working together.

We know in fact that this London Health Sciences Centre scoping and sizing initiative was a very difficult issue, a very difficult exercise. As a matter of fact, at the very introduction it basically says that some of the recommendations in this report are based on good health care, based on spending money wisely, based on

improving services where we do a great job, based on considering dropping other services subject to consultation. This is extremely controversial. It would be, in anybody's neighbourhood. It would be, at any hospital. It would be, in anybody's family.

What happened here is one of my colleagues basically sent out a press release and said I clapped for these cuts—

Mr Caplan: On a point of order, Mr Speaker: The member has just referenced the scoping document from the London Health Sciences Centre. I would ask for that document to be tabled here in the Legislature so that all members could be able to read it. We have requested that we have access to that particular document.

The Deputy Speaker: Take your seat, please. I'll determine whether or not that should happen in a moment, but I'll ask the minister to take her place and continue her debate.

Hon Mrs Cunningham: If you want to run in London, run in London and get a copy. This is confidential to the members, including Mr Peters. So I don't really worry about it. You did get your copy; it wasn't the one I've got, but there's enough information for you to make good decisions.

Mr Caplan: Well, then, you can't reference—

Hon Mrs Cunningham: Having said that, we do add to the debate today. The amendment we would like to have is that the Ontario Legislature—

The Deputy Speaker: Take your seat, please, Minister. Point of order, member for Don Valley East.

Interjection.

The Deputy Speaker: Points of order at this point are not out of order.

Mr Caplan: It is always in order to ask unanimous consent that the document be tabled so that all members can have the benefit of the information.

The Deputy Speaker: It is not. Take your seat, please. I've consulted with the clerks and I have not determined that the document has to be tabled at this moment. There hasn't been extensive reference to it. That is the ruling and I don't want anybody else getting up on this. We've had enough interruptions.

Mr Steve Peters (Elgin-Middlesex-London): On a point of privilege, Mr Speaker.

The Deputy Speaker: This had better be a really good point of order.

Mr Peters: It's a point of personal privilege. The member for London North Centre made reference that this report would be available to any member of this Legislature, including Steve Peters.

Hon Mrs Cunningham: I did not.

Mr Peters: My office requested a copy of the scoping and sizing exercise and it was not made available to us.

1640

The Deputy Speaker: Again, my ruling is that there hasn't been extensive reference to it. But I want to caution the minister that if she continues to make reference to this document, the members are entirely within

their rights to ask for copies of it. So I'd ask her to keep that in mind.

Hon Mrs Cunningham: The amendment that we would like to have is:

"The Ontario Legislative Assembly calls on the Conservative government to keep its specific campaign promise to working families across southwestern Ontario by evaluating additional information, listening to concerns being raised, doing the right thing for patients by providing the best possible health results and by maintaining and protecting the specialized pediatric and other specialty programs now at risk at the London Health Sciences Centre provided that such programs can be maintained while achieving the best possible health care."

If it's appropriate, I believe the opposition members who wanted this have it, including Mr Peters and others. At any rate, I would like to carry on with the debate.

The hospital board did confirm the next steps in the scoping process. A week ago the minister met with parents, along with Mr Mazzilli, Mr Wood and myself. We discussed the challenge of the report and where we should go together next. The minister did decide that there was need for additional information, and in fact I think he will be establishing some process whereby we will get information right across the province of Ontario on some of these special procedures. So together in London we will be looking at that information and, as a matter of fact, it will affect all pediatric programs in Ontario. So the minister did discuss that with the parents and we have hope that we can complete that as quickly as possible, to further inform the decision-making of the board and the physicians at the London Health Sciences Centre.

Last November 5, when Mr Clement announced that, there was a further consideration of that by the board itself, and on Tuesday, October 30, the board clarified that "the clarification of the process to evaluate any additional information relevant to the scoping decisions approved on October 2 was in order." This is a media release. "Since the beginning, patient safety and the quality of care has been the foremost consideration throughout this initiative. We are listening to the concerns being raised and we are committed to doing the right thing for the patients we serve."

This has been the principle behind those of us in London. As a result of this report, I will say that all of us are interested in getting the best information we can get.

I'm going to conclude my remarks right now by saying the next stage of the process is to get the best advice, more information to make better decisions in London. That city, along with its health care professionals, parents, patients, also the physicians, the surgeons, has its own process in place.

I am disturbed today by the constant interjections during the 10 minutes I've had to speak on behalf of my own health care programs in London, the London Health Sciences Centre and the other hospitals. Most of us have been committed all our lives to putting quality care first.

This government has in fact increased the amount of funding, and the challenge for the hospitals and for community care access centres, no matter what program we're talking about, is to spend it wisely. The federal government has not supported the provinces. They're down to less than 15% on the funding that they give of their own budget. We're up to over 40% here in Ontario. It will take all levels of government working together to promote good health care.

We in London will finish this process. We will work together. We will clarify some of the questions that have been asked. We will take our time and get it right.

I'm very proud to represent London North Centre. I've done that for more than 12 years at Queen's Park. I intend to continue on and I intend to continue to listen to my constituents, to talk to people who are interested in the best delivery of care to our patients. We have our challenges, but we will work together and we will, with the support of the government, get it right. Thank you very much for this opportunity.

The Deputy Speaker: The floor is open for further debate.

Ms Caroline Di Cocco (Sarnia-Lambton): I rise to speak on the motion by Mr McGuinty, and I want to read it again into the record: That the Ontario Legislative Assembly calls on the Conservative government to keep its specific campaign promise to working families across southwestern Ontario by maintaining and protecting the specialized pediatric and other specialty programs now at risk at the London Health Sciences Centre.

I don't understand. I've heard the members from London speak to this, saying that this is just a ploy to embarrass the government, but frankly the government should be embarrassed because it made a specific promise before the election. That specific promise was to maintain the services. The residents of London and area took those promises to mean that the government would protect the services. It's that simple. But today what we have happening in London is that these services are being cut. I don't know, but I was taught—and many people here were taught the same thing—that we keep our promises. It seems to me if anyone is playing politics, it was played before the 1999 election.

My area, Sarnia-Lambton, is dreadfully affected by this because we utilize the London Health Sciences Centre. We have over 1,000 people who utilize it per week. I can share with the members an e-mail from a parent and this is what she says:

“As you are aware, the cuts to the London Health Sciences Centre are of concern to not only the residents of London but also to those of the Sarnia-Lambton community. Our twin daughters, delivered at 29 weeks in Sarnia and airlifted to London, made use of several of the services that are now in jeopardy of being eliminated. If those programs were not available at the time, we feel our daughters would probably not have survived past their first few days. We know from experience that lives will be put at risk when transportation distances are

increased. Currently, we are fighting to preserve these services for other community families.”

The role of government—and I've heard this from the member for London-Fanshawe—is to provide the best possible health care. What does that mean? It means that at the very least you evaluate what resources, what services are available across the province. What I found out just a few minutes ago is that the Minister of Health is now going to have a task force to look at pediatric services across Ontario, but we've made cuts before we've done an evaluation. That is poor management. My question: before this came to be, did we have an evaluation done across this province? No. It's purely dollars and cents. We cut ruthlessly.

1650

I would also suggest that the members from London, as well as all the members in this Legislature, should be here to fight for the needs of their constituents. I've spoken to a number of the parents who are fighting to keep these services, and they have lost trust in the decision-making process. Some of these parents voted for the Conservatives because they believed in that promise that was made in 1999. This is what they told me, and I believe that the government has let them down. You don't make promises of that nature and then suddenly decide that it has to be cut. Or if the board is making those decisions, just like it can be made a promise before an election that, “We will keep them,” when a board has made a decision to cut them, then alternatively the government has a responsibility to say, “We're going to save them.”

Instead, we opt for toeing the party line and standing back and saying, “We can do nothing about this. It's not our responsibility. It's now the board's responsibility.” If the government wanted to engage in the discussion of better government, maybe they could also look at the fact that some of these boards should conduct their affairs more in the public view. If they want to talk about better government, then hold the boards accountable as well for making decisions that are going to impact the public negatively.

I also heard Minister Cunningham speak about being at a fundraiser for the hospital. What we have, more and more across this province, are hospital and health care services required to raise money. Hospitals shouldn't be in the business of consistently raising money. Hospitals don't have many ways of raising dollars. The Ministry of Health has instructed the hospital to find \$17 million in savings by 2005. That's what they've asked for. So this—what do they call it?—sizing and scoping exercise will form part of the strategy to address the centre's deficit, the third-largest in Ontario.

What does this mean? This means that the government stands like Big Brother here at Queen's Park saying, “You have to find \$17 million in savings. We don't care how you find it; just go out there and find it.” These services are being put at risk because the hospital board has been instructed by the paternal entity up here at Queen's Park to cut the funds and to cut their deficits, no

matter what has to be cut. Unfortunately, they've had to make some very serious cuts, and in my view, they've made those decisions without proper consultation of the public. The public who are going to be affected by these cuts did not know about what was happening. As a matter of fact, many of the specialists did not know of the cuts that were coming down that pertained to their department.

This is like Humpty Dumpty. It's very difficult to put the pieces back again once it has been broken apart, and that's what's happening to the London Health Sciences Centre. And yes, this government should be embarrassed, rightly embarrassed, because it broke its promise, and it's very clear that it broke its promise. I commend Dalton McGuinty and I'm proud to be on this side of the House. Our role is, yes, to protect what's most important to the people in Ontario, and that's our health care.

Mr Dominic Agostino (Hamilton East): On a point of order, Mr Speaker: I ask for unanimous consent for the scoping and sizing report referred to by the member for London North Centre to be tabled in the Legislature.

The Deputy Speaker: Is there unanimous consent? I heard a negative; therefore the request is denied.

Further debate.

Mr Bisson: I see that the former Minister of Health said no, so I take it that's the official word. We're not going to get to see the scoping exercise.

I want to enter into this debate as one of the members in the New Democratic caucus who want to speak on that. I purposely sat back and watched this debate. My rotation should have been about an hour ago, but I wanted to hear the arguments from the government side before actually getting up and debating. I thought that maybe there was something we hadn't heard, reading the media reports on this issue, or maybe some of the information we received in our offices didn't have everything we needed to make an informed decision. I'm now more convinced than ever that we've got to vote for this resolution, because quite frankly the response on the part of the government members, and particularly from the member from London North—I think that's his riding—was really unbelievable.

We all get elected, Mr Speaker, and you understand the following saying, because I'm sure all of us as politicians have read this: politics is local. We get elected to represent our communities. Yes, we are party members. I'm a New Democrat and proud of that. There are two other parties in this House, and those members are equally proud to be members of their parties. But at the end of the day, we're elected as members to come here and represent our communities, and sometimes we've got to put our party affiliations or party politics aside and speak out on behalf of the community.

I know a government member is in trouble when that government member runs behind some kind of report, saying that's the reason he can't vote for the motion. I heard some of the comments Mr Mazzilli made—and I can't remember his riding. It's London North.

Interjection: Fanshawe.

Mr Bisson: London-Fanshawe, excuse me. Now I've got it right.

I said to myself, "Boy, in the next election I'm going to make sure our NDP candidate in London-Fanshawe has the comments from that Hansard," because clearly the member doesn't understand what his role is. His role is to advocate for his community, not abdicate in front of government pressure. If a member who represents a community is not prepared to come in and bring the community's view to this Legislature and fight on behalf of those constituents, you really wonder why the member comes here in the first place.

I've got to say to the member across the way that I purposely listened, because I knew the member would get up and speak. The comments made, I think, are quite amazing in light of what's going on, because the issue here is simple. Basically, the province of Ontario, as a government, went to the hospitals across this province and said that, one, by way of restructuring, and two, by way of budget cuts, hospitals are going to have to live within their means. Because they have not had the amount of money they've needed in order to keep up with the regular things that are going on—for example, people living longer, we have an aging population, our technologies and medicines are such that the treatments are more expensive and we have a larger population—hospitals across Ontario have not been able to keep pace with the needs that are being asked of them. As a result, because the government has not increased their budgets to match those needs, hospitals have to make difficult decisions.

In the case of London, the hospital is facing a \$60-million deficit, as I understand it. Correct me if I've got the numbers wrong, but that's what I've read in the documentation I've seen. What we've got is a hospital, which, because of pressure from the provincial government by way of not providing adequate funding, has to make decisions about which services it will cut from its roster of services.

The member runs into the House and hides behind a coroner's report that spoke about two of the 18 services that are being cut by that hospital. As I understand it, unless I'm wrong, the two services that the coroner recommended not be offered in London are now not being offered. That was something the hospital itself did, apparently in the year 2000. I'm going to look for the member from Elgin-Middlesex-London to clarify that point. What happened to the rest of the 16 or 17 services that are being cut as a result of this decision? They're not services the hospital wants to cut. As I understand it, they're not even services that were referred to in the coroner's report. They're services the hospital has to decide they can't offer because they don't have money to offer them.

So I say that a member of whatever party who represents a constituent had better be banging down the doors of the Premier's office and of the Minister of Health's office to protect those services and be seen to be

in the fight for the community, or else I think it's a bit of a problem.

I say that because I was a member of a government from 1990 to 1995 that had many difficult decisions having to do with funding issues because of the recession. Mr Speaker, you were a member of that same Legislature. I never ran into this House basically taking the line, "Let me repeat the government line on why my municipalities or why a hospital or why a school shouldn't get funding for a service." I was here in the House, as a member of the government, asking questions of the government to make sure my constituents understood I was on their side. Yes, I was a New Democrat and stood for most of what my government and my Premier, Bob Rae, did. But if it came down to a choice between my constituents and my government, I chose my constituents every time, because at the end of the day, those are the people who send you here and those are the people you have to represent. I say to the member from London-Fanshawe, don't come into this House spurting out the government line, because I think that's really dangerous stuff come the next election.

1700

The issue here is that 18 services are being cut, of which two were recommended by the coroner's inquest. The two that were identified by the coroner's inquest apparently are not being offered any more, and that was the choice of the hospital. What happened to the rest of them? That's also the issue here. Those communities don't want to see those services reduced, because they're services that are necessary for that community. It's a question of a promise made and a promise not kept. That's basically what is at issue here. From a government that for six or seven years in this House has stood on numerous occasions and said, "A promise made is a promise kept," here we have a good example of where we've been saying the government hasn't been keeping its promise. In fact, the government broke its promise.

What is even more interesting is that government members then came into the House wanting to introduce a motion that they say only the opposition can move because the rules don't allow them to do so. Hogwash. The members of the government could have gotten up and moved that motion by unanimous consent, just as I could now if I chose. In their motion the government members themselves are saying their own government broke its promises. I think that's an interesting statement on the part of government members when it comes to this whole issue.

I want to talk about another promise that was broken, and that goes back to what was said in the Common Sense Revolution in 1995. I happen to have my own copy of the Common Sense Revolution here, as printed by Mike Harris in the election of 1995. I want to read what it says about health care. Let's decide if those promises have been kept. It says on page 7, "Protecting Priority Services: Let's start with the top priorities, the essential services that Ontarians want to see protected," and it goes on to talk about health care. "We will not cut health care

spending. It's far too important," says the Common Sense Revolution. "And frankly, as we all get older, we are going to need it more and more."

Have we cut health services across Ontario since this document was introduced and since the government took power? All over the place—Mr Speaker, your hospitals, your community care access centres, your community health clinics, doctors, nurse practitioners, all kinds of health services have seen overall reductions in the funding. One of the communities I represent is Kapuskasing. Because the government has now refused to fund the no-doctors clinic in Kapuskasing, the no-doctors clinic is now funding, by way of its own money, a doctors' clinic in the community of Kapuskasing until January because last summer the government decided it was going to cut funding to that particular program through the underserved area program. As a result, we have thousands of people in that community who not only have no doctor but are going to have no ability to go to the no-doctors clinic, where we bring doctors in by locum to cover off patients who don't have doctors, and they're going to have to run to the emergency wards at \$300 and \$400 a pop in order to deal with health care services in that community. Looking at just what's happening in Kapuskasing when it comes to services at the Sensenbrenner Hospital and what's happening at the no-doctors clinic, they're having to rationalize services in that community because the government is not providing the type of funding they need to deal with the growth in the health care system.

Je regarde la communauté de Hearst. À Hearst, on a une communauté qui n'a pas de service de dialyse. On a présentement cinq ou six patients; j'aurais besoin de vérifier les derniers chiffres. Les patients qui ont besoin du service de dialyse n'ont aucun choix: soit qu'ils déménagent complètement de la communauté, soit qu'ils s'organisent pour se transférer trois fois par semaine à Kapuskasing pour aller rechercher le service de dialyse.

Ce n'est pas acceptable, dans mon opinion. Pourquoi le gouvernement refuse-t-il de donner l'argent nécessaire à l'hôpital Notre-Dame pour s'assurer que les patients de dialyse dans la communauté de Hearst ont accès à ces services dans leur communauté?

Le gouvernement nous a dit, quand on a lu la Révolution du bon sens en 1995—et c'est en anglais, parce qu'ils n'ont pas une version en français—qu'ils n'étaient pas pour couper les services de santé dans la province. Ils nous ont laissés avec l'impression qu'ils étaient pour s'assurer que les argents nécessaires pour notre système de santé seraient en place.

Ça fait combien d'années qu'on demande des services de dialyse pour la communauté de Hearst? Où est le gouvernement dans cette situation? Ils ne sont nulle part. Ça veut dire que le gouvernement a brisé encore sa promesse qu'ils ont faite en 1995.

It goes on to say in the Common Sense Revolution, "Under this plan, health care spending will be guaranteed." Well, where's the guarantee to the people of London? Where's the guarantee for the people of

Kapuskasing or Timmins? There's been absolutely no guarantee that the funding to our hospitals will be maintained at the levels necessary to provide services. I look at the decisions that hospitals have to make all across this province to restrict services to the patients in their care because the government has not guaranteed the type of funding, contrary to the promise of the Common Sense Revolution, that they need in order to provide services to the community they service. So I say to the government that in the Common Sense Revolution you said you will guarantee funding. You've done no such thing. You've broken the very first two promises in the Common Sense Revolution when it comes to health care.

Then it goes on to say, "As government, we will be aggressive about rooting out waste, abuse, health care fraud, mismanagement and duplication." Well, that's one place where they have tried to keep their promise, because under the guise of rooting out duplication and waste, that's how they have got around to getting rid of services such as we're seeing in the community of London when it comes to these particular cardiac services for young people in that city and the surrounding areas.

It then goes on to say, "Every dollar we save by cutting overhead or by bringing in the best new management techniques and thinking, will be reinvested in health care to improve services to patients. We call this common-sense approach 'patient-based budgeting.'"

What a broken promise this one is. As a matter of fact, this last Friday I met with representatives of the Victorian Order of Nurses who provide nursing care in our community to the people who are discharged from hospitals throughout the district of Cochrane, Timmins, James Bay, all of the communities in between. They are telling me that they are in a position now where they have had the number of visits they were able to offer last year to patients in our community cut by 35%—34.5% to be exact. The government has said, in its Common Sense Revolution promise, "Every dollar we save by cutting overhead or by bringing in ... " new budgeting "management techniques and thinking will be reinvested in health care to improve services to patients."

The whole idea, I thought, was that as we made the restructuring in primary health care and we moved dollars that they used to spend in hospitals, which is primary health care, they were going to have an offsetting amount of dollars they were going to reinvest in the community by way of community care access centres and services in the community.

Has that happened? The answer is no, we're not seeing that. In fact, not only have nursing services been cut in the communities that I and all members of this Legislature represent, but also when it came to home care services for people trying to live at home with some independence once they've been taken out of the hospital. We have a situation where hospital budgets are basically not capable of responding to the need, so now the patients are being released quicker and sicker into our communities, and as a result they are needing services once they get back home. What have we got? CCACs

that are not getting the offset dollars that were supposed to be transferred from the hospitals as they "found efficiencies." The dollars were supposed to be transferred over to the community for community health care reform, and none of that has happened. They reformed the system, but they haven't put the dollars in.

Now you've got patients like a whole bunch of them that I've met with over the last three or four months where they've had their nursing care cut. For example, I was talking to some seniors not too long ago who had been released from hospital. Basically the nurse used to come in once a week to set up the medication so that the senior was able to take her medication when she was on her own. They would set up the pills in boxes according to the day. What has happened in her case now is that the nurse is only coming in every second week. So now this person gets a little bit confused, and she has admitted to me that she has actually mixed up her medication by dropping things out of the box and being not quite sure which medication she was to take when. She, like most people I know who are older, who are seniors, didn't want to bother the VON, didn't want to bother her doctor, so didn't say anything; she just took the medication accordingly. Luckily, nothing has happened to this woman, but what would have happened if she had happened to take the wrong set of pills at the wrong time? It's a question where it could have cost the woman her life, or it certainly could have cost the system a lot more money by having to treat somebody who's sick because of being improperly medicated.

1710

I say to the government that you think you're saving money by reducing services to the CCACs by way of funding, so that now VON has only got 35% of the visits they had last year, but in the end it's short-sightedness because we'll end up spending way more money if we don't properly take care of patients at the care level within the community.

The interesting part about what's happening in London is that we have four MPPs from that region and three of them are going to be voting against this motion and one will be voting in favour. I say to myself that's a pretty sad situation, because as I look at the numbers, it's one opposition member to three Tories: three Tories voting opposite, one opposition member voting in favour. It says to me that those people have to go back and try to figure out their responsibilities when it comes to advocating for their communities.

Mr Caplan: Marion Boyd would have voted in favour.

Mr Bisson: I know Marion Boyd would not only have voted in favour; she would have been in the House asking questions, as were other opposition members in this House. Not once have I heard a question raised by—now, in fairness to the minister, she can't ask a question. So I know by way of the rules, Dianne Cunningham, if she had the opportunity, is a smart enough politician that she would have been up on her feet asking questions. So I give the minister some credit. But on the question of the

two Conservative backbenchers, I haven't seen them once in this session or the last session get up and ask a question on this, but I've heard questions from my party and I've heard questions from the Liberal opposition party on this very issue. I say to the government members, you'd better figure out what side your butter is on. The last time I checked it's with the people who vote for you, so you'd better make sure you do your job in representing them.

I also want to take a few minutes to raise one other part of this that people have heard me speak on before in this House. It's a little bit removed from this debate and I'm hoping you're going to give me a little bit of latitude, Speaker. That is the failure of how this Legislature works when it comes to representing constituents. This is a really good example of where we find ourselves in this old British parliamentary system. We've got a first-past-the-post system where we elect members to the Legislature and we end up in a situation where a minority of people in the province of Ontario voted for the Conservative government, some 44% of them, yet they have a huge majority in the Legislature because of the skewed way that we end up with seats in the House. I have argued for a long time that one of the ways we would be better able to represent constituents is if we changed our voting system to a system of proportionality when it comes to selecting how many members are in this House. You would have an election just like we had last time, the members who got elected first past the post would still be the members in the House, but we would offset, by way of list members, people into the House in order to make sure that each party is represented by the percentage of members that reflects their overall vote, so that the Tories should have no more than 44% of the votes in this House, no more than 44% of the seats.

Why? Because in a case like this, London would have a chance of winning its battle. A few things would happen. Because the government doesn't have a clear majority, they would have to work with opposition members. I don't think we would have ended up in this situation in the first place, because the government would have needed to keep their two backbenchers in line, and those two backbenchers would have had a little bit of power to exert on their members and the cabinet in order to speak out on its behalf and keep the budget in place and keep those services in place; and they would have had to rely on some members on this side of the House as well.

My argument is that we end up in these situations, quite frankly, because the system that we have says that if you're a government member, basically you've got to vote for the government. That's clearly what we've got going on here today. We've got at least two of the government backbenchers who are going to be voting in opposition to this motion. Why? Because the government has exerted pressure on them and they have to vote with their government because it would be an embarrassment for them to have the opposition win its motion. I think that's a stupid way of doing business in this the new

millennium. You would think that at the very least the vote that goes on in this House should be reflective of what individual members call for. In this particular case, because of the system we have where Mike Harris with 44% of the vote in the last election has about 60% of the seats, he's going to be able to win this motion, because of the antiquated system of voting that we have in this province that says, "It doesn't matter if you got a majority of votes in the last election; you've still got a majority of seats in this House because we have the first-past-the-post system."

That's why I have always argued as a New Democrat that we need a voting system that basically says that the House reflects the proportion of the vote that parties have gotten. Yes, you can still select your members the same way: if member X got 42%, member X had the most votes, that member could end up in the House, but you offset the House by way of what happens when it comes to lists after that to make sure that we don't end up in situations that we've got now. I think this is a good example where proportionality would have served us a lot better in the end.

Just very quickly in the last few minutes that I've got, I just want to repeat yet again the cry that is coming from our communities—at least in mine, and I know certainly in yours, Mr Speaker, because I've heard you speak on this on a number of occasions as a caucus member and as a colleague in this Legislature—and that is the desperate need that we have to fund services in the community when it comes to community and long-term care. We have seniors, we have people with disabilities, we have patients who are being released from hospitals quicker and sicker, who are going into the community and are not getting the level of care that they need in order to be able to sustain them at home. I am really, really upset at what the government is doing in this way because, as you well understand, Speaker, those people are now more vulnerable. They have been released from the hospital quicker and sicker, they're now in the community without the level of care that they need to live independently at home while they're trying to regain their strength to be able to get back to work or whatever it might be—or in the case of a senior, to get back to functionality—and those people are not getting the level of care that they need to be able to go back home with some safety.

I hope I'm not right, but I predict this is going to become a huge problem across the province of Ontario by way of safety of patients, because you can't allow this kind of situation to carry on where patients are at home without the proper level of nursing services that they need in order to make sure that they're properly medicated and to make sure that if there is a problem, it's identified. Certainly, when it comes to people needing home care, we can't have a situation where people are feeling vulnerable because they're not getting the level of home care they need, so they'll be put in a position of being forced to make a decision to have themselves institutionalized much quicker, at a higher cost to the

taxpayers of the province of Ontario and, I would argue, against what their own wishes should be.

So I will vote in favour of this motion, because I believe it's the right thing to do, not only for the patients who are serviced by this particular hospital in London, but for patients across the province of Ontario.

Mr Michael Prue (Beaches-East York): The London Health Sciences Centre is a recognized and very good institution in this province, and we as people from Ontario should be justifiably proud of what has been built, how a community has come together, and how they have striven, all of them together, to build something that is Ontario-wide, Canada-wide and perhaps worldwide-renowned for the excellence of the health services provided. The people of London should be very proud and are very proud of having built such an institution. People anywhere in this province would be equally proud to have built something like that in their community. The people of London service a very wide area in south-western Ontario, and people come from all over—from Sarnia, from the Bruce—to attend London, Ontario, for the hospital, for the university, for the other things that are found there.

It is no different at all, I would suggest to all of you, than any community in this province, be it Ottawa, be it Sarnia, be it Windsor, be it Thunder Bay. When they strive together as a community to develop something and have it and show it with pride, they will all be very disappointed and be very angry, I can guarantee you, no matter where they are from, when such an institution is put in jeopardy. That's what in fact is happening in London today: an institution which they have built, which they have nurtured, which they have seen progress, is now in jeopardy.

In Toronto, in the community that I represent and where I have lived virtually all of my life except a small portion as a student in Ottawa, the same thing has happened with the closing of the hospitals. One might think that Toronto is a very different city, a very different experience, than one would have in London, Ontario, and probably some people would be right in making that assumption. But I want to tell you, even in Toronto when there was talk a few years ago of closing down hospitals, the people in the individual neighbourhoods came out en masse to try to protect their local institution, the one with whom they felt comfortable, the one where they went for their minor breaks or abrasions, the one where they collected money, the one that was in their neighbourhood. They were very proud of what they had built and what was there, and it was that pride, I would suggest to the members opposite, that has been bruised here as much as anything else, the pride in an institution which has always worked for them and which they see not as something that merely works but as something that has a future, something to be built upon, something that is and will become world-class.

1720

They are proud, as a community, of their ability to look after themselves. They do not have to travel to

Ottawa, they do not have to travel to Toronto, they do not have to travel to someplace in the United States or Europe to get the kind of care they are seeking for themselves and for their children. They are able to get that care at home. I want to tell all of the members opposite that to have that kind of pride should never, ever be tampered with. When one takes that on and says, "No, you're not going to have the facility here. You're not going to be able to do what you've done in the past, and have done so well," that takes a real deflation to a community. They start to wonder among themselves whether they are as good as they thought they were. There's a whole doubt that creeps into the debate and into their minds. No community should be tampered with. None of them should be told they can't have what they have spent generations developing. London is a very old city in Canada. It's one of the oldest ones. It has been there for a long time and it has a very proud history.

I'm going to go out of province just for a moment. If we look at what happened in Montreal yesterday, you'll see there was an election there for a civic government. The fury of the people from the west island of Montreal was absolutely immense. They delivered a person as the new mayor who was not the mayor of downtown Montreal, but somebody who was opposed to what was happening to them. What was happening to them was, one could say, in the course of an amalgamation debate and people were angry about amalgamation, but it was more than that. It was the collective response of the people of the west island of Montreal having something taken away from them that they valued as much as their citizenship itself. They valued the communities they had and what they had built there.

How are those people from Montreal, who came out in such numbers and voted against a government plan, any different from the people of London? How were they treated any differently? They were not. I would suggest to the members opposite that the fury of what happened in Montreal could conceivably happen in London over an issue like the hospital, because it has become a focal point to that community, a focal point to their dreams and their aspirations and something that they see unfairly being taken away.

The pediatric cardiac program is a good program. The coroner's office has suggested only two very small parts of an 18-part operation were not perhaps up to snuff by Toronto standards or a world standard. There is some argument, I would concede to the government, that some small portion of the operation that is taking place there might be better done elsewhere. However, this is an incredibly complex situation and there are many things that can and should be done locally. There is staff available to do it locally, there is the will to do it locally, there is the money to do it locally and there is a world-class institution in which it can be done. Moving the problem to another municipality, to another hospital, to another location would compound not only the problems for London but the problems as well for the new host municipality, be that municipality Toronto or be it

Ottawa. The hospitals in those two communities are at or near capacity, and it is very difficult to remove people who are being adequately dealt with in one community and move them to another community where there are waiting lists, where there are problems. You're just compounding it by moving people from one place to another.

There is also the incredibly human problem of moving people who are having complex operations from London to Toronto or Ottawa. The families have to accompany them in many cases, particularly when people are older or when they are children. One will know that in the city of Toronto there are institutions like the Ronald McDonald House, which does a terrific job for young cancer patients. It is not for the cancer patients that the house has been set up, but for the families, so that they can come here and be close to the young children who are facing immense problems in operations. It is that kind of institution which is set up to make sure that the families can feel at home here. But I will tell you, the families would rather be at home in London, Ontario, than at Ronald McDonald House in Toronto or a similar institution in Ottawa. They would rather be at home where their neighbours and their friends and their support groups and their work and everything else are, everything that they understand, everything they know, where they can go to work during the day and visit the child or the relative in the evening, which they cannot do if they cannot commute back and forth to a place like Toronto. It is that keeping together of the family and the community that is equally as important as the technical and medical expertise of the people who perform the operations and who do the medical work in the hospitals.

In my riding there is a wonderful hospital. It's called Toronto East General and it's being expanded, and I thank the government for that. It has been recognized for what it does and how it does it within the whole pantheon, within the whole group of hospitals that exist in Toronto. There are many, many hospitals in this city, but Toronto East General Hospital has carved out its own niche. It is a recognized expert in many, many fields in the east end of the city.

The community is very proud. People go out and they collect money. They go out to every and all manner of public event in order to tell the community the good works of the hospital. They are actively involved in building new accommodation because of the new and increased numbers of people they are required to serve. They are specializing within the region of Toronto to make sure that they can provide unique services not available anywhere else in the Toronto area. They are there working in conjunction with our poorly underfunded CCACs, community care access centres, to provide after-patient care in the homes of those who have to leave the hospitals, sometimes on very short notice after operations.

I can imagine that this is absolutely no different for the people of London, Ontario. They have similar groups, they have similar expectations, they have similar people

out there trying to raise funds, and they are as proud or prouder than I am of Toronto East General Hospital, prouder than the people of Beaches-East York are of the hospital that so brilliantly serves them in their local needs and the other hospitals in Toronto which are there for specialized purposes.

The physicians and surgeons have some real difficulties with what is happening in London, Ontario. I look to them, in the last part of my argument, for the incredible problem, the incredible difficulty that professional people have when a government comes in and simply announces they are going to close down a portion or a section of a hospital that has taken years to build up expertise, that has taken years to find qualified people and to staff it and to keep it going and to find the necessary synergy to make it a world-class operation. The physicians and surgeons have been very vocal in this debate and within the community of London, Ontario.

I'd just like to give a couple of quotes I was able to pick out of the newspapers which hit me very strongly as to the depth of their feeling. The first one is a very simple, short little quote, and it goes something to this effect: "The numbers used to make the scoping and sizing decisions were completely fictitious." That's what the physicians and surgeons—I think there were seven of them who put together a paper—said about the government exercise of the decision, and I say it again: "The numbers used to make the scoping and sizing decisions were completely fictitious." I believe the government should be taking a very clear look at what these numbers actually say and what they mean.

The second quotation is that the limits on pediatric services "compromise care of southwestern Ontario's sickest and most vulnerable children and adversely impact the missions of the medical school and pediatric research in London." It is to that last quote that I direct the last few minutes of my speech before this House.

1730

Medical expertise takes a long time to develop. Most of you will know that at the turn of the century many of the practices that were undertaken then, everything from bleeding people who had already bled too much to giving drugs that had little or no use to surgery that was unnecessary and often resulted in people's death, were quite commonplace.

Today we look back and we see some of what was done as a medical practice and think, "How could they have been so foolish to have done such things?" Medical expertise has come a long way in Canada and in the world. What would have been impossible at the turn of the century is commonplace today. Today one can have open-heart surgery and go home after a few days, as happened to my father-in-law a number of years ago: in the hospital three days, bypass operation, four valves and home in three or four days. At the turn of the century, if you were lucky enough to have survived the operation, you, guaranteed, would have been in there for a couple of months. The same is true of appendicitis, which can now

sometimes almost be done as an in-and-out operation the same day, or eye surgery, which is done by lasers.

All of the wonderful medical things that have taken place in this century and the development of those skills have taken place because of institutions like the London Health Sciences Centre, where groups of men and women get together with a synergy, with an ability to study and to learn from each other, where they get together and are able to make a real difference in the community. They learn because they are a group that has proper funding and the wherewithal to train new and upcoming people to do the research and to practise the medicine.

To take that away, to take away the pediatric research in London, is to doom a city of considerable size and importance in this province to having to rely on the synergy and the expertise of other institutions, be they in Toronto or Ottawa or Thunder Bay or Detroit. I think none of us would want to admit or care to say that we in the province of Ontario could not provide the same level of service as our American counterparts. I think the people in London, Ontario, would not want to say that they could not provide the same level of service as the hospitals in Toronto or the hospitals in Ottawa.

With just two minutes left to conclude, the people of London, Ontario, have spoken very strongly—at least that's my understanding through reading the newspapers, the local newspaper, the London Free Press, and what has been reported generally on this situation. The doctors are angry, the parents are angry, the people of London, Ontario, are angry, and they are angry most and foremost because they see an institution which they value being taken away from them. They see an expertise which they have set up and worked for and nurtured and raised funds for being treated, I think, quite poorly. They see an opportunity in their community for medical research and a whole ability to be a tremendous scientific and medical centre in their own community almost flowing away, as sure as the river in their midst.

I am here in support of the motion of the opposition Liberals. I'm here in support because I think what they are suggesting is the right thing for their community. If this were the same in my community, if this was Toronto East General Hospital at risk over the same thing or over the same callous attitudes with the same level of research, I would hope they would come to the defence of the people in my community.

I am here for the defence of the people in yours, and I commend you for bringing this forward. I would hope that the members opposite would stand and support their communities in the same sort of way and understand that all of our communities are vulnerable—all of them are vulnerable—and as a province we need to stick together. We need to say within Confederation, within North America, that our communities are worth preserving, and that which we have built and that for which we are famous should be preserved.

Mr Bill Murdoch (Bruce-Grey-Owen Sound): I'll only take a second on this important issue because I

know somebody else wants more time. I would just like to say to the opposition that I definitely can support them if they can support our friendly amendment that was sent across to you. It really doesn't change a lot; it's a friendly amendment. I would hope they would accept the friendly amendment so that I could support them on this. I'll leave it at that.

Hon Tony Clement (Minister of Health and Long-Term Care): It's my pleasure and responsibility to join in this debate a little bit. I hope we've been able to shed some light as well as some heat on this matter.

I want to put on the record the additional meeting that I had with the deputy chief coroner today, which I think puts some light, at least for us on this side of the House and I think for all right-thinking parliamentarians, on the stakes that are involved. Really what is involved, on all sides of the House I think we can agree, is that we want healthy babies, babies who, if they have some difficulty, make it through their sojourn in hospital with the greatest chance for not only excellent care but excellent results. This is all about healthy babies, babies who, given the preponderance of technology, have a better chance at life rather than being another mortality statistic.

The information that I got from the deputy chief coroner today indicates to me without a shadow of a doubt that the issue of complex pediatric cardiac care at the London Health Sciences Centre is far more complex than just one or two particular procedures. In fact, the deputy chief coroner has reviewed 13 cardiac procedures, and over those two years there were 25 deaths, out of 56 who went through those 13 procedures. We're not talking about two procedures here, with statistics that he found alarming; we're talking about 13 different procedures. Those two procedures might be the canary in the coal mine. They might indicate, and they certainly do to the deputy chief coroner, a further issue here. But he has assured me, and I'd like to put this on the record, that there is a higher level of mortality among 13 different procedures at the London hospital.

This is an issue that I think has to be dealt with. I think every right-thinking person would want those babies to be healthy, rather than face an excessive, in my view and in the deputy chief coroner's view, risk of mortality. That is why on this side of the House we can't just automatically support the motion as it appears, although the amendment would be a much better way to deal with it. We cannot support the motion as it appears because, quite frankly, it could lead to needless mortality among babies. I, for not only the reason of being Minister of Health but for more reasons, cannot support the motion as written by the Leader of the Opposition, because in my view it affects infant mortality.

The Deputy Speaker: Before we go on to further debate, if I could just ask the members—there were about four or five conversations. We're getting close to the wrap-up of the debate. Just keep them quiet or take them outside the chamber. That would be much appreciated.

Hon David H. Tsubouchi (Chair of the Management Board of Cabinet): And sit in your own seat.

The Deputy Speaker: Thank you, Minister.

Further debate.

Take your seat, please.

Interjection.

The Deputy Speaker: The deputy leader for the official opposition, I just finished asking for co-operation and you promptly ignored it. Please come to order. Thank you.

Further debate.

Mr Peters: Thank you, Speaker. I would just like to point out that according to standing order 42(j), "No amendment may be made to a motion under this standing order." I'd just point that out.

There are a number of issues that need to be addressed here. I would like to talk about some of them. First off, the member for London West made the comment that we're only looking at one program here and that the majority of the recommendations are widely accepted. I'd like to point out to the member that he's wrong. If he would read some of the correspondence that has been provided to his office by doctors in the London community and read some of the letters to the editor from physicians in the London area, he'd see that there is concern about such programs as the burn unit, the cardiac transplant program, the pediatric cardiac surgery program, the complex pediatric cranio-facial procedures, the endovascular aneurysm surgery program. It's not just one program that we're talking about here. There are a number of programs that need to be addressed. We need to express our concern, and that's what this resolution is all about.

1740

I think it's important to point out that there's a lot of reference made to outcomes and research. In some of the research that's being used to support this decision for pediatric cuts, the article that's most often quoted by members of the hospital administration and individuals in defending the cuts was published in 1995. I'd point out—this is a letter to me—some of the highlights of both articles to argue that there is no sufficient basis for the cuts to the pediatric program at the children's hospital. So in other words, the documents don't back it up.

This is most interesting. The most commonly quoted number is that it's necessary to do 250 to 300 surgical cases a year. I'll tell you, ladies and gentlemen in this Legislature and ladies and gentlemen across this province, we'd better be concerned, because you listen to this. This isn't going to be the only program threatened. There are other programs that are going to be threatened. To my knowledge, there are only two centres in the country that have performed more than 300 cases per year: Sick Children's in Toronto and the children's hospital in Edmonton. Using these arguments that this government is using to justify this program means we would see programs in Vancouver, Halifax and Ottawa cut as well. So you can't use those arguments.

I'd like to make some comments. It's amazing how this government and its members are speaking from the same song sheet on this issue and where they are hanging

their hats. They are hanging their hats on the coroner's office. I'd just like to ask the question, how many times has the coroner's office come in and commented on a hospital board decision? I bet it hasn't happened very often, and I'd like to know who on the other side was playing some monkey business and arranged for the coroner to come in. I know if Dr Lee had stayed in London, the coroner would never have shown up. Something is wrong with this, and that's a whole other issue.

Let's deal a bit with the coroner. The coroner was in London last week, and the coroner spoke to the parents. But it's most interesting. The minister today talked about 13 surgical procedures, but when the coroner met with the parents last Friday, the coroner was extremely clear. He was talking about two procedures out of 35, not 13. So where did this 13 number come from now all of a sudden? Again, this just adds to the whole complexity of the issue. He talked about two procedures and recommended that if you can't enhance the program, you stop doing them. But do you know what? In December 2000, the hospital took heed of what the coroner said and they stopped doing those procedures. The coroner did not recommend the shutdown of the whole pediatric care program. The coroner talked specifically about two programs, not the whole program. There's something wrong here.

As I say, they stopped in 2000, but this is what the coroner had to say on Friday in London to the parents: that when it stopped those procedures, the London Health Sciences Centre mortality rates were lower than at Sick Kids. The clinical outcomes were better. They had a zero mortality rate. So there's something wrong here on this issue.

The member for London-Fanshawe made a comment that never has this whole debate been about money. I want to point out to the member for London-Fanshawe, had he read the media release that the hospital put out on October 3, 2001, question number 2—they do these questions and answers to kind of prompt you and help you along. Question 2: "Why are you discontinuing some services and procedures?" It goes on, "Many are well known: a national shortage of medical specialists, escalating costs, an aging population and the need to balance budgets." I say to the member, it's all about money. That's what this is all about.

The member for London North Centre talks about the great videos that she saw in London at St Joseph's Health Centre. St Joe's is doing a great job; I've got nothing but praise. But you know, one of the surgeons in these programs was used in the video. In March 1999, Dr Lee, the former head of this cardiac program, was approached by the hospital to appear in one of these feel-good videos that the government puts out. Commercial number 3 that aired in 1999 was Dr Lee and the great cardiac surgery program at London and how the government was investing. They used Dr Lee. You used Dr Lee. I've got the video upstairs if you want to have a look at it. I would encourage you to come and have a look at it.

I was really taken aback at the references today to the scoping and sizing report, because last week I had my office contact the London Health Sciences Centre to see if I could have a copy of the scoping and sizing exercise. You know what? I was told I couldn't have it, and yet the member holds it up in this Legislature today, making reference to it and flipping through it, but it was never ever made available to me as an area MPP.

What we need to look at is this whole process that's taken place here, because we had some recommendations that the board of governors made on October 2 and 3, 2001. This is a copy of part of what I'm sure the honourable minister was referring to earlier that I haven't had access to, that I had given to me. In the final recommendations they recommend scoping out pediatric rheumatology, pediatric major craniofacial surgery and pediatric cardiology. That's the final report. This is the report the board sees, but what troubles me is the process that the hospital set up, and I think every one of you should be concerned because this might be going on in your own backyard at one of your hospitals.

During this scoping and sizing process what they did at this hospital was, they formed little groups. They were called cluster groups. There were about 14 cluster groups and each was responsible for making recommendations. There was the pediatric cluster group. The pediatric cluster group formulated its own recommendations about what they should do with their program. The pediatric cluster group then passes on their recommendations to the steering committee, then the executive leadership team and then ultimately the board, but here's the odd thing—not odd; I think bizarre and sad. I sent it to the members today because I hope they read this. When you look at what the board approved and what the doctors, the experts, approved, they're not the same.

The pediatric cluster group recommended pediatric burns and rheumatology be cut out. They talked about enhancing the pediatric cardiology program; they didn't talk about cutting it out. So how does it change that the pediatric experts recommend one thing and somebody else recommends something else? Where did that come from? That's the real question. That's only one report of possibly 14.

We should see all the reports, because I think we'd find out some of these other programs I mentioned probably didn't have those recommendations made. I've talked to doctors who have said that their program was misrepresented to the board; their program did not contain factual information. Somebody has played some serious games here, and I would hope that my colleagues from London would be asking these very questions. There are four of us who represent London, and we've got to speak up and do what's in the best interests of health care in southwestern Ontario. I don't think that's happening here.

Let's look at some of the issues. This is what the pediatric group said. The pediatric cluster planning team believes "it takes a village to raise a child."

"This village requires the unique, comprehensive array of pediatric subspecialists and interdisciplinary care givers known in southwestern Ontario.... Any decision by LHSC to limit pediatric services to primary and secondary care to children from London and Middlesex will rapidly result in CWHO being unable to sustain its role as a regional pediatric tertiary centre and compromise the care of southwestern Ontario's sickest and most vulnerable children."

Did you hear that? And you're prepared to stand up and support a resolution to allow this to happen? Shame on you. I think that every one of us in this Legislature today should be concerned about what's going on in London because, as I said, this could be going on in your own backyards. I would hope you would take off your party colours, take off your coats and stand up for your constituents and do what's best for your constituents and not toe the party line, not be a puppet. That's what you guys look like right now; you look like puppets.

Mr Mazzilli: You're Elmo right now.

Mr Peters: I don't mind being Elmo. You stand up like puppets and quote the party line. Why don't you do the right thing? Stand up and do the right thing for your constituents and vote for this motion that's here in front of us today. You've abandoned your constituents and you're abandoning the constituents of southwestern Ontario. I urge you, I plead with you, stand up and do the right thing: vote for this.

Mr Wood: On a point of order, Mr Speaker: I would ask unanimous consent of the House that the following resolution be voted on at the same time as this opposition motion is voted on today. The resolution is as follows—

The Deputy Speaker: Hang on. Before you go into the specifics, do I have unanimous consent? I heard noes, so the request is denied.

Interjections.

The Deputy Speaker: Order, please.

Mr McGuinty has moved:

That the Ontario Legislative Assembly calls on the Conservative government to keep its specific campaign promise to working families across southwestern Ontario by maintaining and protecting the specialized pediatric and other specialty programs now at risk at the London Health Sciences Centre.

Is it the pleasure of the House that the motion carry?

All in favour of the motion will please indicate by saying "aye."

All those opposed will please say "nay."

In my opinion, the nays have it. Call in the members; this will be a 10-minute bell.

The division bells rang from 1751 to 1801.

The Deputy Speaker: Would the members please take their seats.

Those members who favour the motion will please rise one at a time and be recognized by the Clerk.

Ayes

Agostino, Dominic	Di Cocco, Caroline	McMeekin, Ted
Bartolucci, Rick	Dombrowsky, Leona	Parsons, Ernie
Bisson, Gilles	Duncan, Dwight	Patten, Richard
Bountrogianni, Marie	Gerretsen, John	Peters, Steve
Bradley, James J.	Gravelle, Michael	Phillips, Gerry
Brown, Michael A.	Hoy, Pat	Prue, Michael
Bryant, Michael	Kennedy, Gerard	Pupatello, Sandra
Caplan, David	Kwinter, Monte	Ramsay, David
Churley, Marilyn	Lalonde, Jean-Marc	Ruprecht, Tony
Colle, Mike	Levac, David	Sergio, Mario
Conway, Sean G.	Marchese, Rosario	Smitherman, George
Cordiano, Joseph	McGuinty, Dalton	
Crozier, Bruce	McLeod, Lyn	

The Deputy Speaker: Those members who are opposed to the motion will please rise one at a time and be recognized by the Clerk.

Nays

Arnott, Ted	Hardeman, Ernie	O'Toole, John
Baird, John R.	Hastings, John	Ouellette, Jerry J.
Barrett, Toby	Jackson, Cameron	Runciman, Robert W.
Beaubien, Marcel	Johns, Helen	Sampson, Rob
Chudleigh, Ted	Johnson, Bert	Snobelen, John

Clark, Brad	Kells, Morley	Spina, Joseph
Clement, Tony	Klees, Frank	Sterling, Norman W.
Coburn, Brian	Marland, Margaret	Stewart, R. Gary
Cunningham, Dianne	Martiniuk, Gerry	Stockwell, Chris
DeFaria, Carl	Maves, Bart	Tilson, David
Dunlop, Garfield	Mazzilli, Frank	Tsubouchi, David H.
Ecker, Janet	Miller, Norm	Turnbull, David
Elliott, Brenda	Munro, Julia	Wettlaufer, Wayne
Galt, Doug	Murdoch, Bill	Wilson, Jim
Gilchrist, Steve	Mushinski, Marilyn	Wood, Bob
Gill, Raminder	Newman, Dan	

Clerk of the House (Mr Claude L. DesRosiers): The ayes are 37; the nays are 47.

The Deputy Speaker: I declare the motion lost.

It now being after 6 of the clock, this House stands adjourned until 6:45 this evening.

The House adjourned at 1805.

Evening meeting reported in volume B.

LEGISLATIVE ASSEMBLY OF ONTARIO
ASSEMBLÉE LÉGISLATIVE DE L'ONTARIO

Lieutenant Governor / Lieutenant-gouverneure: Hon / L'hon Hilary M. Weston

Speaker / Président: Hon / L'hon Gary Carr

Clerk / Greffier: Claude L. DesRosiers

Clerk Assistant / Greffière adjointe: Deborah Deller

Clerks at the Table / Greffiers parlementaires: Todd Decker, Lisa Freedman

Sergeant-at-Arms / Sergent d'armes: Dennis Clark

Member and Party / Député(e) et parti	Constituency / Circonscription	Other responsibilities / Autres responsabilités
Agostino, Dominic (L)	Hamilton East / -Est	chief opposition whip / whip en chef de l'opposition
Arnott, Ted (PC)	Waterloo-Wellington	Parliamentary assistant to the Minister of the Environment / adjoint parlementaire à la ministre de l'Environnement
Baird, Hon / L'hon John R. (PC)	Nepean-Carleton	Minister of Community and Social Services, minister responsible for children, minister responsible for francophone affairs / ministre des Services sociaux et communautaires, ministre délégué au dossier de l'Enfance, ministre délégué aux Affaires francophones
Barrett, Toby (PC)	Haldimand-Norfolk-Brant	Parliamentary assistant to the Minister of Natural Resources / adjoint parlementaire au ministre des Richesses naturelles
Bartolucci, Rick (L)	Sudbury	deputy opposition House leader / chef parlementaire adjoint de l'opposition
Beaubien, Marcel (PC)	Lambton-Kent-Middlesex	
Bisson, Gilles (ND)	Timmins-James Bay / Timmins-Baie James	chief New Democratic Party whip / whip en chef du Nouveau Parti démocratique
Bountrogianni, Marie (L)	Hamilton Mountain	
Boyer, Claudette (Ind)	Ottawa-Vanier	
Bradley, James J. (L)	St Catharines	
Brown, Michael A. (L)	Algoma-Manitoulin	Deputy Speaker and Chair of the Committee of the Whole House / Vice-Président de la Chambre et Président du Comité plénier de l'Assemblée législative
Bryant, Michael (L)	St Paul's	
Caplan, David (L)	Don Valley East / -Est	deputy opposition whip / whip adjoint de l'opposition
Carr, Hon / L'hon Gary (PC)	Oakville	Speaker / Président
Christopherson, David (ND)	Hamilton West / -Ouest	
Chudleigh, Ted (PC)	Halton	Parliamentary assistant to the Minister of Economic Development and Trade / adjoint parlementaire au ministre du Développement économique et du Commerce
Churley, Marilyn (ND)	Toronto-Danforth	
Clark, Hon / L'hon Brad (PC)	Stoney Creek	Minister of Transportation / ministre des Transports
Cleary, John C. (L)	Stormont-Dundas- Charlottenburgh	
Clement, Hon / L'hon Tony (PC)	Brampton West-Mississauga / Brampton-Ouest-Mississauga	Minister of Health and Long-Term Care / ministre de la Santé et des Soins de longue durée
Coburn, Hon / L'hon Brian (PC)	Ottawa-Orléans	Minister of Agriculture, Food and Rural Affairs / ministre de l'Agriculture, de l'Alimentation et des Affaires rurales
Colle, Mike (L)	Eglinton-Lawrence	
Conway, Sean G. (L)	Renfrew-Nipissing-Pembroke	
Cordiano, Joseph (L)	York South-Weston / York-Sud-Weston	
Crozier, Bruce (L)	Essex	
Cunningham, Hon / L'hon Dianne (PC)	London North Centre / London-Centre-Nord	Minister of Training, Colleges and Universities, minister responsible for women's issues / ministre de la Formation et des Collèges et Universités, ministre déléguée à la Condition féminine
Curling, Alvin (L)	Scarborough-Rouge River	
DeFaria, Carl (PC)	Mississauga East / -Est	Parliamentary assistant to the Minister of Citizenship / adjoint parlementaire au ministre des Affaires civiques

Member and Party / Député(e) et parti	Constituency / Circonscription	Other responsibilities / Autres responsabilités
Di Cocco, Caroline (L)	Sarnia-Lambton	
Dombrowsky, Leona (L)	Hastings-Frontenac-Lennox and Addington	
Duncan, Dwight (L)	Windsor-St Clair	opposition House leader / chef parlementaire de l'opposition
Dunlop, Garfield (PC)	Simcoe North / -Nord	Parliamentary assistant to the Minister of Education and government House leader / adjoint parlementaire à la ministre de l'Éducation et leader parlementaire du gouvernement
Ecker, Hon / L'hon Janet (PC)	Pickering-Ajax-Uxbridge	Minister of Education, government House leader / ministre de l'Éducation, leader parlementaire du gouvernement
Elliott, Hon / L'hon Brenda (PC)	Guelph-Wellington	Minister of Intergovernmental Affairs / ministre des Affaires intergouvernementales
Flaherty, Hon / L'hon Jim (PC)	Whitby-Ajax	Deputy Premier, Minister of Finance / vice-premier ministre, ministre des Finances
Galt, Doug (PC)	Northumberland	Parliamentary assistant to the Minister of Agriculture, Food and Rural Affairs / adjoint parlementaire au ministre de l'Agriculture, de l'Alimentation et des Affaires rurales
Gerretsen, John (L)	Kingston and the Islands / Kingston et les îles	
Gilchrist, Steve (PC)	Scarborough East / -Est	
Gill, Raminder (PC)	Bramalea-Gore- Malton-Springdale	Parliamentary assistant to the Minister of Training, Colleges and Universities / adjoint parlementaire à la ministre de la Formation et des Collèges et Universités
Gravelle, Michael (L)	Thunder Bay-Superior North / -Nord	
Guzzo, Garry J. (PC)	Ottawa West-Nepean / Ottawa-Ouest-Nepean	
Hampton, Howard (ND)	Kenora-Rainy River	Leader of the New Democratic Party / chef du Nouveau Parti démocratique
Hardeman, Ernie (PC)	Oxford	Parliamentary assistant to the Deputy Premier and Minister of Finance / adjoint parlementaire au vice-premier ministre et ministre des Finances
Harris, Hon / L'hon Michael D. (PC)	Nipissing	Premier and President of the Executive Council / premier ministre et président du Conseil exécutif
Hastings, John (PC)	Etobicoke North / -Nord	Parliamentary assistant to the Minister of Energy, Science and Technology / adjoint parlementaire au ministre de l'Énergie, des Sciences et de la Technologie
Hodgson, Hon / L'hon Chris (PC)	Haliburton-Victoria-Brock	Minister of Municipal Affairs and Housing / ministre des Affaires municipales et du Logement
Hoy, Pat (L)	Chatham-Kent Essex	
Hudak, Hon / L'hon Tim (PC)	Erie-Lincoln	Minister of Tourism, Culture and Recreation / ministre du Tourisme, de la Culture et des Loisirs
Jackson, Hon / L'hon Cameron (PC)	Burlington	Minister of Citizenship, minister responsible for seniors / ministre des Affaires civiques, ministre délégué aux Affaires des personnes âgées
Johns, Hon / L'hon Helen (PC)	Huron-Bruce	Minister without Portfolio (Health and Long-Term Care) / ministre sans portefeuille (Santé et Soins de longue durée)
Johnson, Bert (PC)	Perth-Middlesex	Second Deputy Chair of the Committee of the Whole House / Deuxième Vice-Président du Comité plénier de l'Assemblée législative
Kells, Morley (PC)	Etobicoke-Lakeshore	Parliamentary assistant to the Minister of Municipal Affairs and Housing / adjoint parlementaire au ministre des Affaires municipales et du Logement
Kennedy, Gerard (L)	Parkdale-High Park	
Klees, Frank (PC)	Oak Ridges	
Kormos, Peter (ND)	Niagara Centre / -Centre	New Democratic Party House leader / chef parlementaire du Nouveau Parti démocratique
Kwinter, Monte (L)	York Centre / -Centre	
Lalonde, Jean-Marc (L)	Glengarry-Prescott-Russell	
Levac, Dave (L)	Brant	

Member and Party / Député(e) et parti	Constituency / Circonscription	Other responsibilities / Autres responsabilités
Marchese, Rosario (ND)	Trinity-Spadina	
Marland, Margaret (PC)	Mississauga South / -Sud	
Martel, Shelley (ND)	Nickel Belt	
Martin, Tony (ND)	Sault Ste Marie	First Deputy Chair of the Committee of the Whole House / Premier Vice-Président du Comité plénier de l'Assemblée législative
Martiniuk, Gerry (PC)	Cambridge	
Maves, Bart (PC)	Niagara Falls	Parliamentary assistant to the Minister of Health and Long-Term Care / adjoint parlementaire au ministre de la Santé et des Soins de longue durée
Mazzilli, Frank (PC)	London-Fanshawe	Parliamentary assistant to the Minister of Tourism, Culture and Recreation / adjoint parlementaire au ministre du Tourisme, de la Culture et des Loisirs
McGuinty, Dalton (L)	Ottawa South / -Sud	Leader of the Opposition / chef de l'opposition
McLeod, Lyn (L)	Thunder Bay-Atikokan	
McMeekin, Ted (L)	Ancaster-Dundas-Flamborough- Aldershot	
Miller, Norm (PC)	Parry Sound-Muskoka	
Molinari, Tina R. (PC)	Thornhill	Parliamentary assistant to the Minister of Community and Social Services and Minister responsible for Children / adjointe parlementaire au ministre des Services sociaux et communautaires et ministre déléguée au dossier de l'Enfance
Munro, Julia (PC)	York North / -Nord	Parliamentary assistant to the Minister of Transportation / adjointe parlementaire au ministre des Transports
Murdoch, Bill (PC)	Bruce-Grey-Owen Sound	Parliamentary assistant to the Minister of Labour / adjoint parlementaire au ministre du Travail
Mushinski, Marilyn (PC)	Scarborough Centre / -Centre	Parliamentary assistant to the Premier / adjointe parlementaire au premier ministre
Newman, Hon / L'hon Dan (PC)	Scarborough Southwest / -Sud-Ouest	Minister of Northern Development and Mines / ministre du Développement du Nord et des Mines
O'Toole, John R. (PC)	Durham	Parliamentary assistant to the Minister of Finance / adjoint parlementaire au ministre des Finances
Ouellette, Jerry J. (PC)	Oshawa	Parliamentary assistant to the Minister of Northern Development and Mines / adjoint parlementaire au ministre du Développement du Nord et des Mines
Parsons, Ernie (L)	Prince Edward-Hastings	
Patten, Richard (L)	Ottawa Centre / -Centre	
Peters, Steve (L)	Elgin-Middlesex-London	
Phillips, Gerry (L)	Scarborough-Agincourt	
Prue, Michael (ND)t	Beaches-East York	
Pupatello, Sandra (L)	Windsor West / -Ouest	
Ramsay, David (L)	Timiskaming-Cochrane	
Runciman, Hon / L'hon Robert W. (PC)	Leeds-Grenville	Minister of Economic Development and Trade / ministre du Développement économique et du Commerce
Ruprecht, Tony (L)	Davenport	
Sampson, Hon / L'hon Rob (PC)	Mississauga Centre / -Centre	Minister of Correctional Services / ministre des Services correctionnels
Sergio, Mario (L)	York West / -Ouest	deputy opposition whip / whip adjoint de l'opposition
Smitherman, George (L)	Toronto Centre-Rosedale / Toronto-Centre-Rosedale	
Snobelen, Hon / L'hon John (PC)	Mississauga West / -Ouest	Minister of Natural Resources / ministre des Richesses naturelles
Sorbara, Greg (L)	Vaughan-King-Aurora	
Spina, Joseph (PC)	Brampton Centre / -Centre	Parliamentary assistant to the Minister of Consumer and Business Services / adjoint parlementaire au ministre des Services aux consommateurs et aux entreprises
Sterling, Hon / L'hon Norman W. (PC)	Lanark-Carleton	Minister of Consumer and Business Services / ministre des Services aux consommateurs et aux entreprises

Member and Party / Député(e) et parti	Constituency / Circonscription	Other responsibilities / Autres responsabilités
Stewart, Hon / L'hon R. Gary (PC)	Peterborough	Minister without Portfolio, chief government whip, deputy government House leader / ministre sans portefeuille, whip en chef du gouvernement, leader parlementaire adjoint
Stockwell, Hon / L'hon Chris (PC) Tascona, Joseph N. (PC)	Etobicoke Centre / -Centre Barrie-Simcoe-Bradford	Minister of Labour / ministre du Travail Parliamentary assistant to the Solicitor General / adjoint parlementaire au solliciteur général
Tilson, David (PC)	Dufferin-Peel-Wellington-Grey	Parliamentary assistant to the Attorney General and minister responsible for native affairs / adjoint parlementaire au procureur général et ministre délégué aux Affaires autochtones
Tsubouchi, Hon / L'hon David H. (PC)	Markham	Chair of the Management Board of Cabinet / président du Conseil de gestion du gouvernement
Turnbull, Hon / L'hon David (PC) Wettlaufer, Wayne (PC)	Don Valley West / -Ouest Kitchener Centre / -Centre	Solicitor General / solliciteur général Parliamentary assistant to the Chair of the Management Board of Cabinet / adjoint parlementaire au président du Conseil de gestion du gouvernement
Wilson, Hon / L'hon Jim (PC)	Simcoe-Grey	Minister of Energy, Science and Technology / ministre de l'Énergie, des Sciences et de la Technologie
Witmer, Hon / L'hon Elizabeth (PC)	Kitchener-Waterloo	Minister of the Environment / ministre de l'Environnement
Wood, Bob (PC)	London West / -Ouest	Parliamentary assistant to the Minister of Correctional Services / adjoint parlementaire au ministre des Services correctionnels
Young, Hon / L'hon David (PC)	Willowdale	Attorney General, minister responsible for native affairs / procureur général, ministre délégué aux Affaires autochtones

**STANDING AND SELECT COMMITTEES OF THE LEGISLATIVE ASSEMBLY
COMITÉS PERMANENTS ET SPÉCIAUX DE L'ASSEMBLÉE LÉGISLATIVE**

Estimates / Budgets des dépenses

Chair / Président: Gerard Kennedy
Vice-Chair / Vice-Président: Alvin Curling
Gilles Bisson, Alvin Curling, Gerard Kennedy,
Frank Mazzilli, Norm Miller, John R. O'Toole,
Steve Peters, Wayne Wettlaufer
Clerk / Greffière: Susan Sourial

**Finance and economic affairs /
Finances et affaires économiques**

Chair / Président: Marcel Beaubien
Vice-Chair / Vice-Président: Doug Galt
Marcel Beaubien, David Christopherson,
Doug Galt, Ernie Hardeman, Monte Kwinter,
John O'Toole, Gerry Phillips, Joseph Spina
Clerk / Greffière: Susan Sourial

General government / Affaires gouvernementales

Chair / Président: Steve Gilchrist
Vice-Chair / Vice-Président: Norm Miller
Ted Chudleigh, Mike Colle, Garfield Dunlop,
Steve Gilchrist, Dave Levac, Norm Miller,
Michael Prue, Marilyn Mushinski
Clerk / Greffière: Anne Stokes

Government agencies / Organismes gouvernementaux

Chair / Président: James J. Bradley
Vice-Chair / Vice-Président: Michael Gravelle
James J. Bradley, Leona Dombrowsky, Michael Gravelle,
Bert Johnson, Tony Martin, Frank Mazzilli,
Jerry J. Ouellette, Bob Wood
Clerk / Greffière: Donna Bryce

Justice and Social Policy / Justice et affaires sociales

Chair / Présidente: Toby Barrett
Vice-Chair / Vice-Président: Carl DeFaria
Toby Barrett, Marcel Beaubien, Michael Bryant,
Carl DeFaria, Garry J. Guzzo, Peter Kormos,
Lyn McLeod, Tina R. Molinari
Clerk / Greffier: Tom Prins

These lists appear in the first and last issues of each session and on the first Monday of each month. A list arranged by riding appears when space permits.

Legislative Assembly / Assemblée législative

Chair / Présidente: Margaret Marland
Vice-Chair / Vice-Président: Julia Munro
Ted Arnott, Marilyn Churley, Caroline Di Cocco,
Jean-Marc Lalonde, Margaret Marland, Julia Munro,
Jerry J. Ouellette, Joseph N. Tascona
Clerk / Greffière: Donna Bryce

Public accounts / Comptes publics

Chair / Président: John Gerretsen
Vice-Chair / Vice-Président: Vacant
Bruce Crozier, John Gerretsen, Raminder Gill,
John Hastings, Shelley Martel, Bart Maves,
Julia Munro, Richard Patten
Clerk / Greffière: Tonia Grannum

**Regulations and private bills /
Règlements et projets de loi d'intérêt privé**

Chair / Président: Rosario Marchese
Vice-Chair / Vice-Président: Garfield Dunlop
Gilles Bisson, Claudette Boyer, Garfield Dunlop,
Raminder Gill, Pat Hoy, Morley Kells,
Rosario Marchese, Ted McMeekin, Bill Murdoch,
Wayne Wettlaufer
Clerk / Greffier: Douglas Arnott

**Alternative fuel sources /
Sources de carburants de remplacement**

Chair / Président: Doug Galt
Vice-Chair / Vice-Présidente: Marie Bountrogianni
Marie Bountrogianni, James J. Bradley, Marilyn Churley, Doug
Galt, Steve Gilchrist, John Hastings,
John R. O'Toole, Jerry J. Ouellette, Ernie Parsons
Clerk / Greffière: Tonia Grannum

Ces listes figurent dans les premier et dernier numéros de chaque session et du premier lundi de chaque mois. Par contre, une liste des circonscriptions paraît si l'espace est disponible.

CONTENTS

Monday 5 November 2001

MEMBERS' STATEMENTS

Road upgrade	
Mr Brown	3353
Volunteers	
Mr Hastings	3353
Infrastructure program funding	
Mr Conway	3353
Mrs Dombrowsky	3355
Micro enterprises	
Mr Spina	3354
Lumber industry	
Mr Gravelle	3354
CTV local programming	
Mr Martin	3354
Skeena Sea Cadets	
Mr Galt	3355
Remembrance Day	
Mr Dunlop	3355

FIRST READINGS

Ontarians with Disabilities Act, 2001, Bill 125, Mr Jackson	
Agreed to	3356

MOTIONS

House sittings	
Mrs Ecker	3356
Agreed to	3356

STATEMENTS BY THE MINISTRY AND RESPONSES

Ontario economy	
Mr Harris	3356
Mr McGuinty	3359
Mr Hampton	3360
Ontarians with disabilities legislation	
Mr Jackson	3358
Mr McGuinty	3359
Mr Hampton	3360

ORAL QUESTIONS

Hospital funding	
Mr McGuinty	3361
Mrs Johns.....	3361, 3364, 3367, 3370
Mr Peters.....	3364
Mr Agostino.....	3367
Mrs McLeod	3370
Academic testing	
Mr McGuinty	3361
Mrs Ecker	3362

Ontario economy	
Mr Hampton	3363
Mr Flaherty	3363
Emergency preparedness	
Mrs Munro	3365
Mr Turnbull	3365
Environmental protection	
Mr Bradley	3365
Mrs Witmer.....	3365, 3366
Ms Churley	3366
Franchise businesses	
Mr Wettlaufer	3366
Mr Sterling.....	3366
Energy competition	
Mr Hardeman.....	3368
Mr Wilson	3368
Tenant protection	
Mr Caplan	3368
Mr Hodgson.....	3368
Community economic development	
Mr Miller	3368
Mr Newman	3369
Low-income Ontarians	
Mr Martin	3369
Mr Flaherty	3369

PETITIONS

Audiology services	
Mr Bartolucci.....	3370
Mr Levac.....	3372
Adoption disclosure	
Ms Churley	3370
Doctor shortage	
Mr O'Toole.....	3371
London Health Sciences Centre	
Mr Peters.....	3371
Mr Crozier	3372
Mrs McLeod	3372
Mr Kwinter	3373
OHIP services	
Ms Martel	3371
Highway 407	
Mr Gill	3372
Cruelty to animals	
Mrs Bountrogianni.....	3372
Mr Gill	3373
Protection of minors	
Mr McMeekin.....	3373

ROYAL ASSENT

The Lieutenant Governor.....	3373
------------------------------	------

OPPOSITION DAY

London Health Sciences Centre, opposition day number 3, Mr McGuinty	
Mr McGuinty	3374
Mr Wood.....	3375
Mrs McLeod	3376
Mr Mazzilli	3378
Mrs Cunningham	3379
Ms Di Cocco.....	3382
Mr Bisson	3383
Mr Prue	3387
Mr Murdoch.....	3389
Mr Clement.....	3389
Mr Peters.....	3390
Negated.....	3392

OTHER BUSINESS

Wearing of ribbons	
Mr Levac.....	3353
Visitors	
The Speaker	3355, 3356
Correction of record	
Mr Kormos	3361

TABLE DES MATIÈRES

Lundi 5 novembre 2001

PREMIÈRE LECTURE

Loi de 2001 sur les personnes handicapées de l'Ontario, projet de loi 125, M. Jackson	
Adoptée.....	1349

SANCTION ROYALE

La lieutenant-gouverneure	3373
---------------------------------	------

JOUR DE L'OPPOSITION

London Health Sciences Centre, jour de l'opposition numéro 3, M. McGuinty	
M. Bisson.....	3383
Rejetée.....	3392